



WESTERN NIGERIA

ANNUAL REPORT *of the*

**Ministry of Health
and Social Welfare**

1st January to 31st December 1958

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FOREWORD

BY THE HONOURABLE CHIEF J. O. OSUNTOKUN

- 1 During the year, the integration of the Medical Department with the newly established Ministry took place.
- 2 The existing Medical and Health facilities in the Region were well maintained and two new Rural Health Centres were opened.

In short, the year has been one of gratifying progress and the policy of bringing medical and health facilities to the door of the average person in the Region is being effected in spite of ever mounting difficulties about the recruitment of qualified staff.

- 4 It gives me great pleasure in presenting this Report and I congratulate all staff for their assiduity and selfless service.



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INTRODUCTION

DURING THE course of the year, the Medical Department of the Region was integrated with the newly constituted Ministry of Health and Social Welfare. The Region was in turn split into three Administrative units: Ibadan, Benin and Ikeja, each under a Principal Medical Officer. Adeoyo Hospital has its own Principal Medical Officer.

The Ibadan Administrative unit comprises Oyo, Ibadan and Ondo Provinces. It is easily the most densely populated part of Western Region. Consequently, the demand on medical services is great. But fortunately, there are in addition to the government hospitals in the unit a number of other Local Government and Voluntary Agency hospitals in the Region, and the University College Teaching Hospital, Ibadan, whose existence has helped considerably towards meeting the demands for medical attention not only in Ibadan but also in the surrounding towns. During the year, two new hospitals were in course of erection in the Ibadan area. Grants were given by the Regional Government to some District Councils for the erection of Dispensaries and Maternity Centres. The staffing of these Institutions, though difficult, is being seriously tackled.

The Benin Medical Unit comprises Benin and Delta Provinces. The medical facilities in the area have improved tremendously in recent years, and the progress of the area is receiving the close attention of the Honourable Minister of Health and Social Welfare who frequently visited the area this year. Unfortunately, the touring of officers in the area was much handicapped by the poor conditions of the roads, especially in Kwale and Auchu Divisions. However, as the roads are now being tarred efforts would be made to overcome past handicaps.

The Ikeja Administrative Unit consisting of Ijebu, Abeokuta Provinces and the old Colony area, is also responsible for the Nervous Diseases Hospital, Aro, Abeokuta and Rural Health Centres at Ilaro and Badagry. Some of the inhabitants within this medical zone have the opportunity of taking advantage of the federal medical and health facilities in Lagos.

All over the Region, the Local Government bodies continue to play a large part in the control of health matters, and although the relationship between the Regional Government and the Local Government staff has improved, yet there is still room for improvement.

On the whole, the existing services are being maintained, but the provision of staff for the new hospitals is giving some slight concern.

II.—ADMINISTRATION

A.—DEPARTMENTAL ORGANISATION

The Region was divided into three Medical Divisions, each under the administration of a Senior Medical Officer. Correspondence from the Units in the first place goes to the Senior Medical Officer concerned for his action, but financial matters and higher grade staff postings are dealt with directly in the Medical Headquarters.

B.—STAFF

The Ministry continued to experience great shortage of Medical staff. In Benin there has not been a Rural Medical Officer since 1957 and the burden of running this busy hospital has been left to three doctors, two of whom are more interested in special fields and the third on his first tour. In Adeoyo, there was no Specialist Paeditrician and as a result one Medical Officer took charge of the Medical ward and the Referred Sick Children's Clinic until one Specialist Physician arrived in August 1958 when both the Paediatric and Medical Units were merged into one Department. A Specialist Physician was transferred to the Northern Region. Two pre-registration house officers were appointed during the year.

SPECIALISTS

During 1958, one Dermatologist, retired from the service and no replacement was provided. One Specialist Obstetrician also retired and has been replaced by another. There was a Specialist Surgeon appointed during the year. The total establishment for specialists was eighteen, out of which eleven were filled leaving seven vacancies.

MEDICAL OFFICERS

There is an establishment of seventy-seven Medical Officers for the hospital services. The shortage of Medical Officers has been offset by officers extending their tours. Due to the general shortage of staff owing to the opening of new hospitals, an added burden was imposed on all hospital staff and in particular on the Medical Officer in charge of each area.

MEDICAL OFFICERS OF HEALTH, URBAN AND RURAL

There is an establishment of ten Medical Officers of Health and of nine Medical Officers for rural health and schools.

DENTAL OFFICERS

The Dental Services provided for one Senior Dental Surgeon and nine Dental Surgeons.

NURSING SISTERS AND SUPERINTENDENTS

There is a combine strength of seventy officers in this grade.

SISTER TUTORS

There is an establishment of one Senior Sister Tutor and eleven Tutors, two of whom are males.

HEALTH SUPERINTENDENTS

There is an establishment strength of twenty-five Health Superintendents with no vacancies.

HEALTH SISTERS

In this grade four vacancies remain unfilled out of an establishment of fifteen.

PHARMACISTS

The staff position of this grade has considerably improved since last year's report. Only two vacancies exist out of an establishment of fifty-eight.

NURSING STAFF

With the opening of new hospitals, the junior nursing staff position continues to be not too bright. The females, who have been given equal treatment as their male counterpart in matters of leave, continue to be a source of depletion of manpower in hospitals. Government has assumed full responsibility for the administration and financing of Adeoyo Hospital. Following upon Government's consideration of the report on the financial relations between the Regional Government and the Local Authorities, Government has now absorbed some staff of Local Authorities into its services. Details of staff previously employed by the Ibadan District Council at Adeoyo Hospital who have been absorbed into the Medical Services are given as follows:

- 1 Pharmacy Superintendent
- 3 Senior Staff Nurses and Midwives
- 21 Staff Nurses and Midwives
- 5 Probation Nurses and Pupil Midwives
- 1 Assistant Chief Clerk
- 4 Clerical Assistants
- 1 Other tradesman, Grade I
- 2 Other tradesmen, Grade II
- 1 Cook

C.—FINANCE

Three financial statements pertaining to 1958/59 are shown and are amplified by the following notes:—

Statement A

The savings in the Recurrent Section are due to posts not being filled to establishment, and in the non-recurrent section to works which have not been started or completed.

The population of the Western Region is estimated as 6,460,000 and the per capital expenditure on medical services in 1958/59 was as follows:

	£	s	d
Recurrent Expenditure per capital	0	4	9¼
Non-Recurrent expenditure per capital	1	8	6
	1	13	3¼

The total approved estimates of expenditure for the Region in 1958/59 was £14,839,770 and the total approved estimates for the medical department was £1,543,100. Medical services, therefore were allocated 10.32 per cent of the total estimates and this compared fairly favourably with 6.92 per cent in the previous years.

Statement B

This gives an indication of the estimated total cost of building, the amount expended on it during the financial year, the approved estimates for the year and the amount of money actually spent on it during the year.

Statement C

This statement shows the estimated revenue and what was actually collected by the Department. The excess and the deficit of the estimated revenue are shown in the next two columns.

STATEMENT A.

Approved Estimates and actual expenditure 1958-59 Recurrent and Non-Recurrent (Other than Buildings)

RECURRENT						NON-RECURRENT			
<i>Personal</i>	<i>Estimated</i>	<i>Expended</i>	<i>Excess</i>	<i>Saving</i>		<i>Estimated</i>	<i>Ex- pended</i>	<i>Excess</i>	<i>Saving</i>
	£	£	£	£		£	£	£	£
Personal Emolu- ments... ..	702,130	749,670	47,540	—		—	—	—	—
Other Charges ...	840,970	788,245	—	52,725		262,920	214,830	—	48,090
Total	1,543,100	1,537,915	47,540	52,725		262,920	214,830	—	—
Net Saving ...	—	—	—	5,185		—	—	—	48,090

STATEMENT B

Approved Estimates for 1958-59: Non-Recurrent Buildings

BUILDINGS	ESTIMATES HEAD	ESTIMATED TOTAL COST	EXPENDED UP TO 31-3-58	ESTIMATED EXPEND- ITURE 1958-59
		£	£	£
Completed Projects	701	—	—	—
Aro Nervous Diseases Hospital	701	350,000	281,610	68,390
Abeokuta Hospital Extension	701	20,970	20,810	160
One A 3 Quarter Benin	701	4,990	10	3,990
Agbor Hospital Improvements	701	41,830	840	38,160
Ossiommo Leprosy Hospital New Building ...	701	20,920	920	17,080
Midwives Hostel and Lecture Room, Ibadan	701	32,070	310	29,690
Jericho General Hospital Improvements ...	701	16,500	—	13,500

S T A T E M E N T B—*contd.*

Approved Estimates for 1958-59: Non-Recurrent Buildings

BUILDINGS	ESTIMATES HEAD	ESTIMATED TOTAL COST £	EXPENDED UP TO 31-3-58 £	ESTIMATED EXPEND- ITURE 1958-59 £
Rural Health Centre, Ikorodu 701		17,010	12,900	4,110
One A 3 Quarter and One A 4 Quarter, Ikorodu 701		8,370	4,480	3,890
New Divisional Hospital, Ilaro 701		76,000	67,760	8,240
New Divisional Hospital, Auchi 701		75,760	60,060	15,700
New Divisional Hospital, Epe 701		75,210	66,380	8,830
New Divisional Hospital, Iddo-Ekiti ... 701		80,230	78,230	2,000
New Divisional Hospital, Okitipupa ... 701		73,660	73,460	200
New Divisional Hospital, Kwale 701		93,680	85,680	8,000
New Hospital, Iwo 701		76,000	30,000	40,000
New Divisional Hospital, Ikeja 701		76,000	74,200	1,800
New Hospital, Ogbomosho 701		76,000	10,000	60,000
Rural Health Centre, Ibadan (1) 701		15,000	—	12,000
Rural Health Centre, Ibadan (2) 701		15,000	—	12,000
Double Storey Outpatient Block, Abeokuta 701		16,500	—	13,000
Double Storey Outpatient Block, Benin ... 701		16,500	430	12,570
One A 3 Quarter for Dentist, Benin ... 701		4,990	—	4,000
Extension I to Lantoro Asylum, Abeokuta ... 701		16,500	13,880	2,620
Extension II to Lantoro Asylum, Abeokuta 701		19,000	3,000	12,000
Regional Medical Stores, Ikeja 701		50,000	35,000	5,000
Tuberculosis Clinic, Ibadan 701		20,000	13,000	3,000
Additional Medical Housing 701		50,000	—	40,000
New Hospital, Ife 701		55,000	—	1,000
	—	1,681,280	120,540	440,930

S T A T E M E N T C

Approved estimates of Revenue and actual collections, 1958-59

ESTIMATED HEAD	APPROVED ESTIMATES	ACTUAL COLLECTION	EXCESS	SHORT- FALL
	£	£ s	£	£ s
Head 303 Fees				
Hospital Fees	80,020	78,355 10	—	1,664 10
Sanitary Quarantine Fees	—	—	—	—
Fumigation Fees	—	—	—	—
Dental Fees	8,800	—	—	—
Boarding and Lodging Fees: Hostels	7,000	—	—	—

NOTE: Medical, includes Quarantine, Port sanitation services, Adeoyo Hospital.

D.—LEGISLATION

Lists giving short titles of Western Region Government notices, Orders, Rules and Regulations relating to public health and medical subjects are given in Appendix II.

The Public Health Law, Western Region, 1957 continued to be in force throughout the Region. It is a more comprehensive law than the Public Health Ordinance and this ordinance along with the Leprosy Ordinance, the Vaccination Ordinance and the Yellow Fever and Infectious Diseases (Immunisation) Ordinance had been repealed as the present law adequately covered these subjects.

The transfer of power from a few large councils to very numerous small councils has certainly not enhanced the efficient running of local authority Medical Institutions in the Region. Government Health Staff, in particular have to exhibit great tact in dealing with local government representatives.

III.—PUBLIC HEALTH

GENERAL REMARKS

(a) *European Health*: The Health of the Europeans and other expatriates has, on the whole, continued to be good, and appears to be even better in the smaller isolated stations than in the larger centres. The commonest complaints are malaria, skin affections, gastro-intestinal diseases and upper respiratory infections.

Attendances continued to rise in the Government Nursing Homes. Many of the attendances were for routine vaccinations, inoculations and medical examinations of Senior Staff going abroad: but wives and families who come out in increasing numbers help to swell the total. The number of maternity cases is still on the increase.

(b) *African Health*: The Health of Africans can, this year, be described as fairly good. Major diagnosis from most stations included tuberculosis, whooping cough, malnutrition and yhpovitaminosis, vesical schistosomiasis, yaws and worms.

The return of Diseases and Deaths for all cases treated at Government Hospitals and Dispensaries is given in Appendix IV.

The summary here represents the total numbers making use of all types of medical facilities in the Region—

GOVERNMENT HOSPITALS AND DISPENSARIES

IN-PATIENTS						OUTPATIENTS		
<i>Medical Division</i>			1956	1957	1958	1956	1957	1958
Ibadan	...	...	84,107	44,761	23,535	393,737	124,915	205,825
Benin	...	...	8,752	10,565	10,052	151,717	173,436	280,901
Ikeja	...	...	9,178	30,496	15,260	145,496	121,537	181,588
Total	...	...	102,037	85,822	48,847	690,950	419,888	668,314

LOCAL GOVERNMENT HOSPITALS AND DISPENSARIES

IN-PATIENTS						OUTPATIENTS		
<i>Medical Division</i>			1956	1957	1958	1956	1957	1958
Ibadan	...	...	—	1,083	886	332,788	390,883	577,658
Benin	...	...	1,102	—	—	267,617	256,278	349,342
Ikeja	...	...	—	—	—	238,874	555,647	344,912
Total	...	...	1,102	1,083	886	839,279	1,202,808	1,251,912

MISSION HOSPITALS AND DISPENSARIES

IN-PATIENTS						OUTPATIENTS		
<i>Medical Division</i>			1956	1957	1958	1956	1957	1958
Ibadan	...	...	24,593	78,481	10,867	129,666	558,151	279,960
Benin	...	...	7,866	13,370	23,716	229,946	208,432	208,535
Ikeja	...	...	—	—	4,517	—	—	8,185
Total	...	...	32,459	91,851	39,100	359,512	766,583	496,680

IV.—STATISTICS

The Registration of Births and Deaths Adoptive Bye-laws 1956 were put into effect by most of the District Councils during the year. Although it is considered that these bye-laws are not enforced strictly enough as yet in those areas, it is at least a step forward in the right direction.

It is everywhere recognised that the time was long overdue for the introduction of some systems of registrations of births and deaths having legal sanction behind it but up till now registration is still voluntary and discretionary.

The most recent figures of populations were those obtained in the 1952 census and are tabulated below according to province and sex—

<i>Province</i>		<i>Both sexes</i>	<i>Males</i>	<i>Females</i>
		'000	'000	'000
<i>Western Region</i>		...	6,359	3,148
AFRICANS				
Abeokuta	...	630	309	321
Benin...	...	901	442	459
Colony	...	505	263	242
Delta	...	490	285	305
Ibadan	...	1,656	834	816
Ijebu	...	348	167	181
Ondo	...	945	459	486
Oyo	...	783	385	398
NON-AFRICAN				
Whole Region	...	7	4	3

V.—HYGIENE AND SANITATION

PREVENTIVE MEASURES

(a) INSECT-BORNE DISEASES

Malaria: Malaria remains indisputably the chief insect-borne disease. Control continues by old and routine measures directed against mosquito larvae together with residual spraying in certain areas. Mosquito proof for wells and water tanks were also provided. The Entomologist visited as many areas as possible and conferred with the health staff to find out what the position was as far as mosquito control was concerned. It was evident, as has been obvious for years, that the biggest and only real draw back to efficient mosquito control is the perennial lack of money. This leads to lack of equipment, lack of insecticides and larvicides and even lack of labour. However, it is gratifying that provisions have been made in the Advance proposals for 1959-60 to purchase the necessary materials for oiling.

Onchocerciasis: The distribution of Simulium, particularly that of Simulium Damnosum Theobald is to be ascertained by simple surveys in the near future. Already it has been shown that simulium damnosum is present in Oka (Ondo Province), Ibadan, Oke-Iho and Oyo. It is thought that Simulium damnosum will be found in the range of hills across the north of the Region, and the extension south from the hills require to be ascertained.

Yellow Fever: No cases were reported from the Region during the year under review. Where aedes indices were reported to be above the safety level prompt measures were instituted. The aedes indices for the Provinces are included in Table I.

Plague: During the year under review, no cases of plague were reported and in the few rats that were caught and dissected, was there any evidence or trace of this disease.

Trypanosomiasis: The Region continues to enjoy freedom from human trypanosomiasis but the Veterinary Department continue to find the condition in Cattle.

Schistosomiasis: Schistosomiasis, mostly Vesical, was endemic in Epe Division and in some areas of Egbado Division. In the past the attention of several research officers has been engaged on this problem but due to several reasons, amongst them, lack of staff and finance, their efforts have not yielded sufficient fruits. However, the problem is to be reassessed and it is hoped that this will bring forth a satisfactory solution.

(b) EPIDEMIC AND ENDEMIC DISEASES

Small Pox: Comparatively, the cases of small-pox during the year were not many as there was no widespread epidemic of the disease. Mass vaccinations were carried out throughout the year.

COMPARATIVE TABLE OF CASES NOTIFIED

			1954	1955	1956	1957	1958
Notified	...	...	125	129	234	4,005	591
Deaths	...	...	8	6	20	654	71
Percentage Mortality			6.4	4.6	8.5	16.3	12.01

Vaccinations are performed by health staff as routine throughout the Region and the numbers carried out during the past five years in each province are as follows :

Province					1955	1956	1957	1958
Abeokuta	...	...	...	...	128,139	85,892	383,909	326,276
Benin	...	...	...	...	229,316	98,796	288,483	182,443
Delta	...	...	...	...	47,464	60,896	270,549	221,019
Ijebu	...	...	...	...	37,980	48,772	263,811	125,147
Ondo	...	...	...	...	285,750	222,825	511,302	268,563
Oyo	...	...	...	...	286,836	252,792	977,108	568,331
Colony	...	...	...	...	25,560	29,625	61,780	29,048
Total Western Region					1,041,081	789,598	3,045,525	1,720,827

Asian Flu: There was no outbreak of the disease in the Region during the year under review.

Leprosy: An account of the work of the Leprosy service is given in section IX of this report.

Typhoid: There were no reported cases of typhoid in the Region during the year.

Rabies: No outbreak of rabies was reported. Two cases of rabies were confirmed in Ikeja during the year.

Yaws: During the year the Medical Field Unit assisted by the World Health Organisation worked in the division on the eradication of Yaws. A detailed account of the work carried on is presented in section VI D.

Helminthic Diseases: These diseases are common in all areas, Ascariasis, trichuriasis and akylostomiasis being most wide-spread. Schistosomiasis, Filariasis and dracontiasis are reported from particular areas. There was an outbreak of schistosomiasis among school children in Ijio in Okeho/Iganna District Council area.

GENERAL MEASURES OF SANITATION

(a) WATER SUPPLY SCHEME, 1957-58

Colony Province: Water was obtained in the main from streams, rivers, wells and springs. The following towns had pipe-borne water: Ikeja, G.R.A., Mushin and Agege.

Ijebu Province: Ijebu-Ode is supplied with partly treated water and investigations have been carried out for extensions. The Iperu Scheme continued to be satisfactorily utilised and it supplies a number of villages (population of about 40,000) with fully treated water.

The Shagamu Scheme was put into operation and as a result the neighbouring bigger towns have pipe-borne water.

Abeokuta Province: Undertakings in Abeokuta Province; Otta (population 9,000). Owode (Population 32,000); Ilaro (Population 13,000) and Abeokuta (Population 85,000) are all in operation, but none of these has full chemical treatment. Field investigations are in hand for a new treatment works and pumping station for Abeokuta.

Ondo Province: In Owo, the District Council is making effort to construct three water tanks at Isho before the end of 1958/59 financial year and to repair those at Ute. The Ikare Urban Water Supply Scheme is completed and water is being supplied.

Oyo Province: In Oyo work has begun on the new water supply. There is water supply in the following towns—Ilesha (Population 72,000) partially treated; Ife (Population 111,000) has untreated water; a small supply for Efon Alaye (Population 12,000) without treatment and also Iseyin (Population 50,000) and Oyo (Population 81,000).

Ibadan Province: The new treatment works and pumping plant for Ibadan have been in operation since 1957, and this has brought the capacity of the Ibadan plant up to 4,000,000 gallons per day. This capacity is still too low and further extensions are being considered.

The Iwo Scheme supplies a population of 100,000 with treated water and the plant has been in operation since the beginning of 1957.

The Oshogbo/Ede Scheme has been in operation since 1955 and supplies 169,000 people with treated water.

Ogbomosho (population 140,000) is supplied with partly treated water; investigations have been completed for additional supplies to this town and Shaki.

Benin and Delta Province: The Ishan Water Supply Scheme was completed and brought into operation in October.

Auchi-Jattu (Population 14,000) scheme started operation in June, 1957.

Agbor Scheme was completed and brought into operation during the year. The water will be treated and the population to be supplied will be 11,000. Water supply in Benin (Population 54,000) and Warri (Population 20,000) with completed treatment were maintained.

GENERAL REMARKS

In addition to the above works, water supplies were provided for Divisional Hospitals, Education Institutions, Agricultural Projects, etc., Water supplies have been accorded recently a high priority and considerable progress has been and is being made in supply Scheme. The Public and Government are now convinced that an adequate and wholesome water supply is one of the most important factors for the preservation of good health.

(b) INSPECTION OF NUISANCES

This important duty is carried as a routine by the Public Health Inspectorate under the Public Health Law, 1957. Much tact and diplomacy are required to carry out this work without offending some house holders. These inspectors do provide inspectorate with an opportunity for educating the public in elementary principles of personal and environmental hygiene.

Details of the inspections carried out during the year are given in Table below—

TABLE I

	BENIN	DELTA	ONDO	ABEO- KUTA	IBADAN	IJEBU	OYO	COLONY	TOTAL
	£	£	£	£	£	£	£	£	£
Houses Inspected	95,678	94,763	54,265	69,736	145,876	67,648	68,930	54,384	651,280
Clean Houses	67,850	68,528	38,462	54,725	97,123	45,760	55,465	41,420	469,333
Dirty Houses	27,828	26,235	15,803	15,011	48,753	21,888	13,665	12,964	181,947
Houses with Mosquito Larvae	1,882	1,226	948	1,986	1,736	954	1,923	854	11,509
General Mosquito Index	2.46	1.78	2.4	2.76	4.51	1.15	2.53	1.32	2.36
Aedes Index	.78	1.23	.75	2.2	3.46	.86	.92	.52	1.34
Notices Issued	1,736	1,725	2,125	1,836	6,376	3,865	2,864	2,314	22,839
Prosecutions	368	162	401	560	726	736	366	1,012	4,331
Convictions	173	123	304	330	620	526	320	834	3,230
Fines ...	123 8 6 246	12 6 560	7 6 480	12 6 585	11 6 385	5 6 274	7 6 764	10 6	—

(c) SEWAGE

The use of the conservancy system for night-soil disposal with its drawbacks, continues in many areas and bucket contents are disposed of mainly by composting. In some areas bore hole latrines and in others salgas are used. In Government reservations, generally, the septic-tank system is used and in some of the better homes of the towns this system is also used. There is no pipe-borne sewage system in use in any town of the Region.

(d) REFUSE

Dust bins are supplied to all Government quarters and many of the better class homes in the towns also have individual bins. In the towns, generally, there are public refuse bins; these never appear to be enough, and are emptied into lorries or head-loaded and finally disposed of by tipping or incinerator. In rural areas there may be public refuse bins and controlled disposal, or the indiscriminate disposal of refuse by individual householders.

SCHOOL HYGIENE

In Ibadan in the absence of a school medical officer, the School Medical Service was run by a Nursing Sister. The service consisted of a clinic on the premises of the Health Office and of sanitary supervision of the Schools in Ibadan. Lectures and talks to teachers and children were given periodically. Particular attention has been paid to the sanitary condition of residential schools in Ibadan. Routine vaccination of school children was carried out throughout the year.

In Abeokuta the Medical Officer of Health continued to run the School Medical Service. The clinic was run in the general hospital and this proved to be very popular.

In Benin two private medical practitioners continued to run a school medical service on a sessional basis. Under-development is very wide-spread as the local diet is very poor in proteins and vitamins, and this is especially marked in children. Meat is nearly the exclusive preserve of the adult and the child is very largely fed on farinaceous food. Skin diseases are very common indeed and it is observed that children do not bathe enough nor properly and their skin is often dry and lustreless.

Dental Officers carried out inspections and treatment of school children in their clinics and when on tour.

Rural Medical Officers or Area Medical Officers, as time permits, visit the schools in their areas. Health Sisters, Health Superintendents and Public Health Inspectors also visit schools to lecture, give advice, inspect school building and to carry out routine vaccination.

LABOUR CONDITIONS

In Ibadan Medical Division, the main employers of labour are the United Africa Company and the Nigerian Tobacco Company. Private Medical Practitioners are employed by both companies. Some canteen facilities are available and the conditions of work are, in general, good.

In Ikeja Division, the largest employers of labour are the Western Region Production Development Board, and at Apoje they have their largest farm project. The Board have other large establishments scattered throughout the Region. A full time Medical Officer is employed and he supervises a chain of dispensaries throughout the Region.

In Benin Division, the United Africa Company have several labour camps and at Burutu a well equipped hospital. At Sapele the African Timber and Plywood Company have a small hospital and several dispensaries in the rural areas and a staff of two doctors. John Holt provide a dispensary for their staff at Warri. All the firms mentioned provide canteen facilities to some extent.

FOOD IN RELATION TO HEALTH AND DISEASE

Model bye-laws have been drawn up and local authorities are encouraged to have these made operative for their areas. Health Staff inspect all food establishments in the Region and carry out checks on food hawkers. Although the hygienic handling of food leaves much to be desired, there does seem to be a gradual improvement during the past few years.

There has been a rise in the cost of living and although there is no shortage of staple foods, this had tended to reduce the amount consumed by individual persons. The average diet on the whole lacks the necessary vitamins with resulting high incidence of hypovitaminosis. Far too much of carbohydrate and too little of fat and protein are taken by most people, malnutrition is still marked, especially among pregnant and nursing mothers.

Animals are inspected before and after slaughter and organs are condemned if and when indicated. The conditions of slaughter houses and slabs are fairly satisfactory in many areas. The commonest disease found in the animals slaughtered were pleurisy, dispomatosis, strongylosis, periocarditis, endocarditis, cysticerocosis and nephritis.

HOUSING AND TOWN PLANNING

There has been rapid improvement in housing and Town Planning generally. Considerable work was done, *viz*, Medical Officers, Health Superintendents and Inspectors in inspecting sites, scrutinising plans and giving advice in all areas. Building regulations are enforced where they exist and offenders are prosecuted. New and improved private dwelling houses are springing up all over the Region. The standard is improving in the materials used, mud and wattle giving pace to cement block buildings. The Western Region Housing Corporation is erecting dwelling houses for sale in an area north of the Secretariat in Ibadan. Co-operation between the Corporation and the Health Office is satisfactory.

Ikeja Area Town Planning Authority for Mushin and Agege was reconstituted during the year and the Senior Medical Officer was made a member while the Senior Health Superintendent was a co-opted member. Residential Development Schemes for Somolu and Ilupeju were among the most urgent work of the Authority and a loan of £90,000 for the former was expected from the Regional Government. The Western Region Housing Estate at Ikeja and part of Agege came into operation and contracts for the layouts and the building were being given out.

The Town Planning Scheme for Ijebu-Ode was approved but the full detailed working of it was not yet completed.

HEALTH PROPAGANDA AND EDUCATION

This is now centralised in the Health Education Unit which is under the charge of the Health Propaganda Officer and this unit is an integral part of the Health Auxiliaries Training School, Ibadan. The Unit organises and co-ordinates work on this subject throughout the Region.

Health Weeks for Baby Shows were held at several centres during the year and invaluable help was given by the Health Education Unit in helping to plan these functions and in carrying out these plans.

In general, Health Education and Propaganda is in the hands of Government and local authority health staff, but an impetus has been given to their work by the Health Education Unit which gives skilled advice and practical help on this subject.

PORT HEALTH ADMINISTRATION

The Quarantine (Amendment) Regulations, 1957 continued to be in force. This in effect amended the position of sea-going ships, so that now ships granted free pratique at any Nigerian Port should be exempted from the necessity of further quarantine inspection at any subsequent Nigerian port with certain provisions. This amendment naturally led to less ships being boarded during the year than formerly. This amendment is more in keeping with the spirit of the International Sanitary Regulations, 1951.

There are only four posts which are the direct responsibility of this Department in the Region. The four posts are at Sapele, Warri, Forcados and Burutu. During the year Koko was declared a Port. Forcados can hardly now be regarded as a port as no ships ever use Forcados now-a-days. On the whole, 147 ships were boarded and revenue to the tune of £27 10s was collected.

Ikeja Airport, although situated in the Western Region is a Federal Unit. At present health duties are shared between the Medical Officer in charge of Ikeja General Hospital, a Western Region Unit, who treats Airport personnel and the Port Health Officer, Lagos, who is responsible for the sanitation of the airport and the routine examination of health documents of all passengers and for spraying aircraft if this is required. A Federal Health Superintendent is posted to the airport to carry out these duties under the Port Health Officer, Lagos.

VI.—HOSPITALS, DISPENSARIES AND OTHER UNITS

A.—EXISTING UNITS

1. GENERAL HOSPITAL AND NURSING HOMES

Province				Government	Local Government	Mission and Commercial Firms	Private
Benin	...	...	...	3	—	4	—
Delta	...	...	...	4	—	4	1
Ondo	...	...	...	3	1	3	—
Abeokuta	...	...	...	2	—	1	1
Ibadan	...	...	...	4	—	2	9
Ijebu	...	...	...	2	—	—	—
Oyo	...	...	...	1	—	3	—
Colony	...	...	...	3	—	—	3
TOTAL ...				22	1	17	14

2. SPECIAL HOSPITALS (MENTAL, LEPROSY, ETC.)

Benin	...	...	...	1 (leprosy)	—	—	—
Delta	...	...	...	—	—	—	—
Ondo	...	...	...	—	—	—	—
Abeokuta	...	...	...	2 (Mental)	—	—	—
Ibadan	...	...	...	1 (chest)	—	—	—
Ijebu	...	...	...	—	—	—	—
Oyo	...	...	...	—	—	—	—
Colony	...	...	...	—	—	—	—
TOTAL ...				4	—	—	—

3. MATERNITY CENTRES, CLINICS AND RURAL HEALTH CENTRES

Benin	...	...	...	...	1	40	10	7
Delta	...	...	...	...	1	13	7	5
Ondo	...	...	...	...	—	49	4	—
Abeokuta	...	...	...	...	1	29	—	—
Ibadan	...	...	...	...	—	21	4	11
Ijebu	...	...	...	...	1	28	—	4
Oyo	...	...	...	...	—	23	5	7
Colony	...	...	...	...	—	18	1	8
TOTAL					4	221	31	42

4. DISPENSARIES AND CLINICS

Province					Number of Local Government Dispensaries	Number of New Cases	Number of total Attendances
Benin	...	...	...	...	80	200,301	656,008
Delta	...	...	...	...	36	130,010	381,258
Ondo	...	...	...	...	65	233,337	654,777
Abeokuta	...	...	...	...	34	93,689	473,202
Ibadan	...	...	...	...	35	240,391	511,382
Ijebu	...	...	...	...	30	68,687	288,002
Oyo	...	...	...	...	35	77,327	285,783
Colony	...	...	...	...	28	162,445	481,067
TOTAL					343	1,206,187	3,731,479

There has been an increase in the number of hospitals, maternity centres and dispensaries in the Ibadan Unit. Consequently, attendances of out-patients have increased; more patients were admitted for treatment and more surgical operations were performed.

5. INFECTIOUS DISEASES HOSPITAL

These small units are used primarily for cases of Smallpox and chickenpox. They are staffed by local authority personnel and supervised by senior central government staff.

B.—ADDITIONS TO HOSPITAL

Ikeja Division.—A new X-Ray Unit was provided in Shagamu by conversion of the Sister's Office to an X-Ray Department. In Lantoro, during the year, the new block for the housing of Occupational Therapy Unit, Laundry, Tailor's shop, clerk's office and stores were completed.

In Abeokuta a new Nurses Hostel with facilities for thirty resident nurses was opened and a new administrative and out-patient block was in course of construction.

Ibadan Division.—There is a plan for an additional block, where the ground floor will be for out-patients and the first floor will be a maternity ward.

The Divisional Council, Ondo built the following for the taking over of the hospital by the Regional Government—Quarters for Nursing Sister, Store accommodation: one Type B and one Type C Quarters to accommodate junior service members of the staff.

There is a proposal to add more blocks to the buildings and to erect a dental centre. The Akoko Divisional Council has added two thirty-bed wards and Medical Officer's quarters to the hospital at Ikare during the year under review.

C.—RURAL HEALTH CENTRES

Ikeja Division.—There were two Government Rural Health Centres in this Division one of which is situated at Ilaro. The Centre at Ilaro continued to function well throughout the year. A Rural Medical Officer and a Health Sister were stationed there. A new Government Rural Health Centre was completed at Ikorodu—this was the second in the Division.

Benin Division.—Two Government Rural Health Centres exist in the Division: one at Auchi which does mainly maternity work and the other at Ughelli which is now supervised by a Health Sister. The scope of medical activities at Ughelli is necessarily wide as there is no hospital there. Emergency cases are dealt with at the centre and when necessary the cases are referred to the Warri General Hospital.

Ibadan Division.—There are 54 Rural Health Units in the Ibadan Medical Unit and they are inspected by the Rural Medical Officers of Ibadan, Oshogbo and Akure.

D.—MEDICAL FIELD UNITS

The three Medical Field Units continued the campaign against yaws with assistance from W.H.O. and U.N.I.C.E.F. In the Ibadan Divisions, the team moved from Ado-Ekiti to Ondo. Operations continued on selective mass treatment but changed to total treatment in Idanre district where the incidence of yaws was as high as 4 per cent.

The third re-survey justified no further re-survey and the anti-yaws project of the Division moved into consolidation phase on the 1st of August, 1958. During the latter part of November 1958, Preliminary survey was carried out in Ife area to assess the incidence of yaws.

In Benin Division, Nos 2 and 3 Western Region Field Units were stationed at Kwale and worked with the W.H.O. on Yaws control. They also assisted in vaccination for smallpox all over the Division.

A feature of the work of the Units engaged in the control of Yaws is the systematic treatment of other ailments encountered among the local people in order to introduce to them the benefits of modern medicine and thereby gain their confidence so that they may make use of the static units provided, that is, dispensaries, maternity centres and hospitals. In fact, the Yaws campaign is an integral part of the rural services, and the intention is a closer integration and improvement of the rural health services in the future.

E.—LOCAL AUTHORITY AND DISPENSARIES

The dispensaries are staffed by the Local Authorities concerned and are supervised by a rural or area medical officer.

Capital, and recurrent (on the basis of attendance of school children) grants are given by the Regional Government to Local Authorities for dispensaries run by them.

Capital grants are not given unless the plans of the dispensary have been approved by the Medical Authorities.

Statistical data of the work carried out at the Government Rural Health Centres and the Local Authority Maternity Units supervised from these centres are as follows:

ANTE NATAL CLINICS

<i>Auchi Rural Health Centre</i>							<i>Total Attendances</i>	<i>Total No. of Deliveries</i>
Auchi Rural Health Centre	...	...	...	...	...	...	3,767	—
Igarra	...	...	...	...	...	...	2,063	320
Agbede	...	...	...	...	...	...	2,088	98
Ukpilla	...	...	...	...	...	...	65	3
Ibillo	...	...	...	...	...	...	2,824	204

INFANT WELFARE CLINICS

							<i>New Cases</i>	<i>Total Attendances</i>	<i>Death of Babies</i>
Auchi Rural Health Centre	...	...	...	...	...	...	6,449	—	—
Igarra	...	...	...	...	...	...	453	3,863	3
Agbede	...	...	...	...	...	...	1,043	—	—
Ukpilla	...	...	...	...	...	...	199	1,426	1
Ibillo	...	...	...	...	...	...	1,028	1,673	—

UGHELLI RURAL HEALTH CENTRE

INFANT WELFARE CENTRE

							<i>New Cases</i>	<i>Total Attendances</i>	<i>Maternal Deaths</i>	<i>Death of Babies</i>
Ughelli	...	...	...	...	...	...	—	—	Not available	
Orerokpe	...	...	...	...	...	...	49	300	—	—
Ogiribo	...	...	...	...	...	...	511	1,570	—	—
Ewu ...	...	...	...	...	...	...	6	60	—	—
Agbadu	...	...	...	...	...	...	183	500	—	—
Edjovbe	...	...	...	...	...	...	301	1,060	—	—
Okpara-Inland	...	...	...	...	...	...	37	1,255	—	—

ANTE-NATAL CLINICS

									<i>New Cases</i>	<i>Deliveries</i>
Ughelli	...	...	...	...	...	...	...	...	—	Not available
Orerokpe	...	...	...	...	...	...	...	...	85	33
Ogiribo	...	...	...	...	...	...	...	...	667	53
Ewu...	...	...	...	...	...	...	...	...	68	21
Agbadu	...	...	...	...	...	...	...	...	873	62
Edjovbe	...	...	...	...	...	...	...	...	894	74
Okpara-Inland	...	...	...	...	...	...	...	...	69	24

ILARO RURAL HEALTH CENTRE

<i>Ante-Natal Clinics</i>								<i>Total Ante-Natal</i>	<i>Deliveries</i>
Ilaro	...	...	...	...	...	...	...	4,442	—
Ikpokia	...	...	...	...	...	...	...	93	71
Ajilete	...	...	...	...	...	...	...	351	262
Ado	...	...	...	...	...	...	...	5,695	203
Iboro-Imashai	...	...	...	...	...	...	...	4,120	89
Igbogilla	...	...	...	...	...	...	...	6,040	136
Egua	...	...	...	...	...	...	...	543	49
Meko	...	...	...	...	...	...	...	463	80
Igbessa	...	...	...	...	...	...	...	3,616	89
Aiyetoro	...	...	...	...	...	...	...	4,235	185

INFANT WELFARE CENTRES

							<i>New Cases</i>	<i>Total Attendances</i>	<i>Death of Babies</i>
Ilaro	...	...	...	...	...	...	1,100	6,153	—
Ikpokia	...	...	...	...	...	...	77	1,199	—
Ado	...	...	...	...	...	...	203	3,896	10
Ajilete	...	...	...	...	...	...	147	2,986	5
Iboro-Imashai	...	...	...	...	...	...	93	3,503	—
Igbogilla	...	...	...	...	...	...	130	4,720	7
Egua	...	...	...	...	...	...	107	2,170	11
Meko	...	...	...	...	...	...	97	2,139	14
Igbessa	...	...	...	...	...	...	131	2,693	7
Aiyetoro	...	...	...	...	...	...	185	1,751	—

ILORA HEALTH CENTRE

This Unit functions under the overall supervision of the Professor of Preventive and Social Medicine, University College, Ibadan. Regular Ante-Natal, infant and child welfare, and school children clinics were held throughout the year.

Of the 2,156 who attended the weekly clinics held, 1,627 were new cases, and the total attendances were 11,128 compared with 6,191 attendances last year—an increase of 29.7 per cent.

415 ante-natal cases attended the clinic as compared with 311 in 1957, an increase of 33.4 per cent.

The total number of attendances was 2,583.

Infant and Child Welfare.—335 infants attended the clinic and 259 of these were new cases. Similarly, 339 children under five years attended of which 200 were new cases.

The dispensary attendant dealt with 4,084 cases of ulcers and wounds which came for dressings. There were 9,361 attendances. Nineteen cases of whooping cough, one of pneumonia and seventy-four of infant diarrhoea were treated.

ILORA FISH POND

The first fish pond continues to be satisfactory. The second is nearing completion and the Fisheries Department of the Ministry of Agriculture continues to give advice and assistance. Dr Boyo continued his study of Sickle Cell Anaemia at Ilora and Dr Abrahams made a study of Hypertension among the people. Research in Rural Health and Nutrition continues. A dietary survey was started and the University College Hospital dietician was most helpful.

Statistical data are given below for the past four years.

			<i>New Cases</i>				<i>Attendances</i>			
			1955	1956	1957	1958	1955	1956	1957	1958
Dispensary	...	...	985	786	1,013	1,627	6,806	5,626	6,191	11,128
Ante-Natal	...	...	216	222	311	415	1,280	933	1,439	2,583
Children up to one year			210	192	193	259	1,239	1,187	1,111	2,670
Children on to five years			117	99	193	244	957	813	735	717

Department—During the year under review, there are 117 Native Authority dispensaries in the Ibadan Medical Unit.

Some District Councils found it difficult to find funds for recurrent expenditure in respect of drugs, dressing and equipment, and in fact to pay the salary of their dispensary staff.

The Health Auxiliary Training School, Ibadan started the training of local authority dispensary attendants and the systematised training will go a long way to improving the standard of attendants.

F.—PLANTATION DISPENSARIES

The West African Institute for Oil Palm Research now has its own Medical Officer who looks after their own dispensary. There were 20,712 attendances at the dispensary and 12,044 cases were treated.

The United African Company operates two dispensaries in the Sapele area, one at the Cowan Estate and the other on the Sapele River Rubber Estate. They are supervised by the Company's doctor stationed at Sapele.

The Western Region Production Development Board, as their projects scattered throughout the Region, for example at Apoje, Araromi-Obu and the Upper Ogun Estate, have dispensaries which are supervised by the Board's Medical Officer.

The Agriculture Department have two well-run and attended dispensaries, one at the Moor Plantation and the other at the Fashola Agricultural Station.

VII.—MATERNITY AND CHILD WELFARE

There has been a considerable expansion of facilities for maternity work by the establishment of several new local authority and private maternity homes throughout the Region.

In Ibadan Division the services by the Regional and Local Government Voluntary Agencies and Private Practitioners continued to be in great demand. In the hospitals and maternity centres, ante-natal child welfare and infant welfare clinics are held and attendances have been very satisfactory. Domiciliary midwifery service at Moor Plantation is run by the Health Auxiliary Training School and serves as a training ground for Health Visitors.

In Ikeja Division, with the exception of Badagry all Government Hospitals had Maternity wards attached to them. No ante-natal and infant welfare clinics were attached to the Ikeja, Badagry and Abeokuta hospitals. The Iwopin and Otta Maternity Centres were excellent examples of the Local Government Centres.

In Benin Division, many more Maternity Homes were built during the year under the Local Government Scheme.

Statistics of work carried out in Government, Local Authority, and Private Maternity Centres are appended below:

LOCAL GOVERNMENT MATERNITY CENTRES

<i>Province</i>	<i>No. of Centres</i>	<i>New cases</i>	<i>Deliveries</i>	<i>Total Attendances</i>
BENIN	41	6,128	3,008	25,553
ABEOKUTA	29	4,098	3,040	79,602
DELTA	14	941	227	3,467
ONDO	49	10,827	4,854	108,842
IJEBU ODE	28	3,246	3,518	16,114
OYO	22	8,670	1,568	57,534
IBADAN	21	3,814	1,680	40,520
COLONY	17	4,195	3,867	29,383
TOTALS	221	41,919	21,762	361,015

GOVERNMENT MATERNITY WARDS

					<i>No. of centres</i>	<i>New cases</i>	<i>Deliveries</i>	<i>Total Attendances</i>
Benin	...	...	...	...	3	7,268	908	19,073
Abeokuta	...	...	...	...	2	1,100	595	6,153
Delta	...	...	...	...	4	728	918	3,900
Ondo	...	...	...	...	3	814	568	5,814
Ijebu	...	...	...	...	2	1,448	1,659	13,782
Oyo	...	...	...	...	1	—	—	—
Ibadan...	...	...	...	...	4	2,668	8,045	15,782
Colony	...	...	...	...	3	284	487	900
TOTAL					22	14,310	13,180	65,404

**Does not include Adeoyo Hospital, Ibadan.*

PRIVATE MATERNITY HOMES

Benin	...	...	...	...	14	1,301	1,239	5,190
Abeokuta	...	...	...	...	2	—	—	—
Delta	...	...	...	...	12	310	1,312	5,138
Ondo	...	...	...	...	—	—	—	—
Ijebu	...	...	...	...	3	325	285	1,850
Oyo	...	...	...	...	6	—	—	—
Ibadan	...	...	...	...	18	1,259	762	28,496
Colony	...	...	...	...	9	658	1,091	1,099
TOTAL					64	3,853	4,689	41,773

VIII.—DENTAL HEALTH

There are two Dental Centres in Ibadan Division. One is in Ibadan under the charge of the Senior Dental Surgeon and staff; the other is at Akure under the charge of a Dental Surgeon.

In Ikeja Division, the only Dental Clinic was sited at Abeokuta and all serious Dental cases were referred there. A site Board at Ijebu-Ode has approved an area of land behind the hospital for the erection of a Dental Clinic.

IX.—LEPROSY

During 1958 the Leprosy Service has become a reality throughout the Western Region. Sixty-six new treatment centres have started work. Clear evidence is now

available that leprosy is declining in a few areas where control work has been in progress for many years. One most promising event has been the promotion on trial of the first non-expatriate to the post of Leprosy Control Officer. There is a most pressing need for African Doctors and Nursing Sisters who will interest themselves in the complex medical and social problems of Leprosy. Unless they can be found, it is almost certain that leprosy work in this Region will decline in effectiveness during the next few years.

The main purpose of the leprosy service is Leprosy Control. Stress is laid on the treatment rather than segregation. This is in line with the policy recommended by the World Health Organisation. Segregation is desirable for ineffective patients who are willing and in areas where convenient facilities already exist. Briefly, the policy now is to offer treatment for leprosy as widely as possible, encouraging patients to attend from their homes. Segregation is of secondary importance now due to the effectiveness of modern drugs, although segregation villages still serve a useful purpose.

There are certain problems in leprosy control which differ in this Region from elsewhere. Policy has to be adapted to local circumstances and this has been agreed to in the agreement between this Government and WHO/UNICEF in the two-year leprosy control Plan for this Region. This Region includes three distinct types of environment which may be classified as Rural Areas, Urban Areas and Riverside Areas. Each of these Areas requires to be tackled in a different way.

For the purpose of convenience, the Region has been divided into eight leprosy "AREAS", and these correspond roughly to the eight provinces of the Region, although they are not in all cases identical with Provinces of the same name.

BENIN AREA

In Afenmai Division, a large survey was carried out during the year under review. Most of the Akoko-Edo area was surveyed and over 40,000 persons were examined in their homes. There was a clear indication that in this division, where treatment facilities have been available for many years, the incidence of leprosy is now declining. In Asaba Division, treatment centres increased from ten to fifteen. New Clinics were opened at Ishagwu, Igbodo, Obomkpa, Mbiri and Abaro. In Benin Division, treatment centres rose from thirteen to twenty-three. Clinics were opened at Siluko, Okeho, Udo, Igumbazuwa, Utese, Ikpoha and Madagbayu in Benin and Iyekovia Council areas at Iyowa in Iyekuselu and Iguiye and Ugboko-Niro in Iyekeorhenwan.

DELTA AREA

In the Ukwuani District, the well-established network of segregation villages has been maintained with little change. One new clinic has been opened at Ase and is providing more successful than the Ijaw riverside clinics the chain of which it completes.

New clinics have been opened during the year at Adaka, Ugimidaka, Ovbian and Owhe in Urhobo Division, increasing the number to seventeen. Western Ijaw Division is accessible only by water; there is one segregation village and four clinics. In Warri Division, there is a clinic at the hospital but no other leprosy treatment centre.

ONDO AREA

This has largely been a year of consolidation for the work in Ondo Province and only ten new clinics were opened. In Akure segregation village, the administration has been taken over by the Leprosy Service. Clinics were started during the year at Irun-Ogbagi in Akoko and at Owo town. In Ondo Division, new clinics were opened in Ile-Oluji and Agbabu, both associated with local authority dispensaries. Additional clinics have been planned for Idanre and Mobolorunduro. One clinic was opened at Otun in the extreme north of Ekiti Division. Plans have also been made for the opening of new clinics early in 1959 at Ikerre and one other place in its council area. Okitipupa Division presents the most serious problem of the Province, except for the Oka-Akoko area of Owo Division. Five clinics were opened at Okitipupa, Ikoya, Ode-Aye, Ode-Irele and Akotogbo. A considerable extension will be necessary in the large waterside area of this Division as there is a considerable incidence of leprosy in the whole area.

IJEBU AREA

This includes Ikeja and Epe Divisions. By agreement with the Baptist Mission, the Regional Leprosy Service took over the small segregation village at Ijebu-Igbo. A new clinic was opened at Imewuro which attracted eighty patients to its second treatment day. Apart from those already mentioned, thirteen clinics were opened during the year under review in Ijebu area. The clinic at Ijebu-Ode General Hospital has now been re-organised. Apart from the segregation village of Ijebu-Igbo, which was taken over, new clinics have been opened at Ago-Iwoye, Odogbolu and Omu. In Remo Division clinics have been opened at Shagamu, Ikenne, Iperu and Ogijo. In Epe, a clinic has been opened at the General Hospital. Clinics have been started at Ikeja General Hospital, Ikorodu and Idimu.

ABEOKUTA AREA

In Egba Division formerly the only treatment is at the two segregation villages, one run by the Sacred Heart Hospital and the other by the Local Authority. A third centre was opened at the General Hospital. In addition new clinics were opened at Ibeshe, Otta, Ifo and Atan-Otta. In Egbado Division, clinics were opened at Ilaro, Aiyetoro and Imala. In Badagry Division, clinics were opened at Badagry, Bota and Igbogbale.

CENTRAL AREA

This includes Ife and Ilesha Divisions and South-Eastern half of Oshun Division. In Ilesha Division, work is being done at Ilesha in co-operation with the Wesley Guild Hospital who have a small segregation village. A new clinic has now been opened in the town and one at Imesi-Ile. In Oshun Division, a small clinic was started at Oshogbo town.

IBADAN AREA

This includes only that part of Ibadan Division which lies east of the Ogun River. At present, there is no organised leprosy work in the area. Several cases of lepromatous leprosy, for example, have presented themselves from Ibadan both at Adeoyo Hospital and the University College Hospital.

OGBOMOSHO AREA

This is the area set aside during 1957 for development by the Baptist Leprosy Service. It covers Oyo Division and part of Ibadan and Oshun Divisions. During the year, three outpatient treatment clinics were opened, making a total of twenty-two, in addition to Ogbomosho Settlement. One Segregation village was no longer serving a useful purpose because of the decline in the number of patients living there and was closed down. During the year, 279 patients were discharged symptom free.

In leprosy control a great deal depends on the co-operation of various bodies. Two Provincial Leprosy Boards have been set up, one in Ondo and one in Benin/Delta. The accepted policy for leprosy control is based on full co-operation with the Health Department of various Local Authorities and with the members of the District Councils. Voluntary Agencies—the Roman Catholic, Baptist and the Methodist Missions have, and are playing a great part in leprosy control and are very co-operative indeed. The British Empire Leprosy Relief Association gives support in particular to children through their adoption scheme. The British Red Cross Society have branches in the Region and have helped in various ways with gifts and have supplied artificial limbs to patients. It is gratifying to have so many eager but self-disinterested workers in this field, and this could well be an example to all workers in other fields of the co-operation that can occur with such a wide assortment of individuals and organisations.

Dapsone is still the standard treatment and is likely to remain so for the foreseeable future. While it is not without its dangers, and though other drugs are now available which are superior in some respects, it is enormously cheaper to use than any competitor, and it is the only one which could be considered at present in a mass treatment programme.

During the year under review, Ossiomo Settlement has continued co-operating with the Leprosy Research Unit at Uzuakoli, in the trials of the drugs D.P.R. (Ciba 1906) and Sulphoride. It can be stated that D.P.T. is now beyond the Research stage and can be added to the standard list of drugs for use in selected cases.

Work in the prevention and treatment of trophielesions, deformities and ulcers has developed substantially during the year at Ossiomo Settlement.

Under the UNICEF agreement, three long wheel-base Landrovers were added to those already available. One of them was equipped by UNICEF without loud-speaker equipment and has been in great demand for propaganda work.

REGIONAL STATISTICS AT 1958

			<i>Treatment Centres</i>	<i>Patients on Treatment</i>	<i>New Admissions</i>	<i>Discharge</i>	<i>Patients Segrega- tion</i>
Ossiomo Settlement	...		1	527	—	—	527
Benin Area	...	...	59	3,361	1,243	365	793
Delta Area	...	...	31	2,783	—	—	693
Ondo Area	...	...	24	1,642	401	23	242
Ijebu Area	...	...	15	446	449	—	35
Abeokuta Area	...	...	15	410	295	—	107
Ibadan Area	...	...	4	93	93	—	—
Central Area	...	...	4	43	36	—	7
Ogbomosho Area	...	...	24	1,109	250	279	643
TOTALS	...	...	177	10,414	2,767	681	3,047

DEVELOPMENT WITHIN LEPROSY AREA (FIGURES FOR DECEMBER OF STATED YEAR)

		<i>Treatment Centres</i>				<i>Patients on treatment</i>			
<i>Area</i>		1955	1956	1957	1958	1955	1956	1957	1958
Benin	...	21	35	44	59	2,522	2,955	3,011	3,361
Delta	...	12	14	26	31	1,910	2,049	2,299	2,783
Ondo	...	1	11	14	24	430	889	1,285	1,642
Ijebu	...	—	—	2	15	—	—	175	446
Abeokuta	...	2	2	2	15	(ca) 100	(ca) 100	122	410
Ibadan	...	—	—	—	4	—	—	—	93
Central	...	1	1	1	4	26	(ca) 20	20	43
Ogbomosho	...	12	15	19	24	1,603	(ca) 1,500	1,427	1,109
Ossiomo Settlement		1	1	1	1	790	691	585	527
TOTALS	...	54	79	109	177	7,381	8,104	8,904	10,414

DEVELOPMENT OF LEPROSY CONTROL OVER THREE YEARS

(Figures given for December of named year)

<i>Division</i>		<i>Treatment Centres</i>				<i>Patients on treatment</i>			
		1955	1956	1957	1958	1955	1956	1957	1958
BENIN AREA									
Benin	...	2	9	14	24	67	313	524	746
Asaba	...	7	10	10	15	507	558	600	740
Ishan	...	2	4	8	8	404	389	478	556
Afenmai	...	10	12	12	12	1,544	1,595	1,409	1,319
DELTA AREA									
Kwale	...	6	6	7	8	1,125	1,027	992	1,177
Urhobo	...	5	7	13	17	673	873	1,085	1,346
Warri	...	—	—	1	1	—	—	52	65
Western Ijaw	...	1	1	5	5	112	149	170	195

<i>Divisison</i>		<i>Treatment Centres</i>				<i>Patients on treatment</i>			
		1955	1956	1957	1958	1955	1956	1957	1958
ONDO AREA									
Akure S.V.	...	1	1	1	1	430	(ca) 350	317	278
Owo	...	—	10	11	13	—	539	926	1,088
Ondo	...	—	—	1	3	—	—	37	102
Ekiti	...	—	—	1	2	—	—	5	46
Okitipupa	...	—	—	—	5	—	—	—	128
IJEBU AREA									
Ijebu-Ode	...	—	—	1	6	—	—	173*	291
Remo	...	—	—	—	4	—	—	—	43
Epe	...	—	—	1	2	—	—	2	26
Ikeja	...	—	—	—	3	—	—	—	86
ABEOKUTA AREA									
Egba	...	2	2	2	7	(ca) 100	100	100	221
Egbado	...	—	—	—	4	—	—	—	117
Badagry	...	—	—	—	4	—	—	—	72
IBADAN AREA									
Ibadan Division	...	—	—	—	1	—	—	—	9
Ibadan Town	...	—	—	—	3	—	—	—	84
CENTRAL AREA									
Ilesha	...	1	1	1	3	26*	20 (ca)	20 (ca)	42
Ife	...	—	—	—	—	—	—	—	—
Oshun	...	—	—	—	1	—	—	—	—
TOTAL									
Ogbomosho	...	12	15	19	24	1,603	1,500(ca)	1,427	1,109
Ossiommo Settlement		1	1	1	1	790	691	585	527
REGIONAL TOTALS		54	79	109	177	7,381	8,104	8,904	10,414

SIZE OF TREATMENT CENTRES AT DECEMBER 1958 (EXCLUDING OGBOMOSHO AREA)

Number of Patients

Number of Treatment Centres

1- 10	26
11- 25	46
26- 50	28
51-100	26
101-150	10
151-200	9
201-300	5
1-400	2

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These figures give an indication of the size of the majority of Treatment Centres.

X.—MENTAL HEALTH

The Institutions for this work are at Abeokuta, namely, Aro and Lantoro. They are under the charge of a Specialist Alienist and a medical officer Psychiatry.

The existing treatment facilities in the Region are meagre and are as follows: Aro Outpatient Clinic; most types of Psychosis and neurosis are treated here.

Tranquillising drugs, stimulating drugs, sedatives, electro-convulsive therapy and occupational therapy are employed. Psychotherapy is also used. Many of the patients are chronic schizophrenics and drug treatment is not too effective. At Lantoro Institution, the patients are largely those who are a danger to themselves or others or are criminally insane, tranquillisers are extensively used. At the psychiatric outpatients clinic at the University College Hospital, Ibadan, which is held once a week, it is found that the patients are largely psychoneurotics and are a more sophisticated group than those at Aro. There are two Prison Lunatic Asylums, one at Warri and one at Sapele.

Aro Hospital continues to be the only Hospital for the training of Mental Nurses in Nigeria. It has a preliminary training school and after successfully passing out of this school, student nurses can remain and finish their training at this hospital.

There are three asylums in the Region with a total capacity of 135 beds. All the inmates are certified and approximately a third are criminal patients referred from the law courts. At Lantoro Asylum there is a provision for 121 beds, sixteen of which are for females.

XI.—TUBERCULOSIS

Throughout the Region, cases of tuberculosis have been treated as they arose among the general outpatients of the hospitals. The majority of cases received outpatient treatment, a few hospitals have special annexes for tuberculosis diseases but in the majority of medical units these cases are usually nursed in the Verandahs of the medical or surgical wards. On the appointment of a Tuberculosis Specialist late in 1956, the control of tuberculosis has taken a big step forward in the Region as a whole.

Visits were paid by the Tuberculosis Specialists to all hospitals in the Region. Four standard system of treatment was introduced and a separate record system is now in use for tuberculosis patients.

The Ibadan Chest Clinic was completed in November 1958. During this short period the following activities were carried out:—

New cases seen	...	...	...	...	1,912
Old cases seen	...	...	...	...	5,376
Heef Tests	...	...	...	...	450
B.C.G. Vaccinations	...	...	...	...	141
X-Ray	...	...	...	...	160
Drug Attendances	...	...	...	...	35,990

The Hospitals of the American Baptist Mission at Ogbomosho, Shaki and Eku; the Methodist Mission Wesley Guild Hospital at Ilesha and the Seventh Day Adventist Mission Hospital at Ife, all run large outpatients tuberculosis clinics. The Baptist Hospitals also run treatment clinics under the weekly supervision of a doctor at some of their rural dispensaries. Cases requiring specialist opinion are referred to the Tuberculosis Specialist in Ibadan.

A World Health Organisation Tuberculosis Survey was completed in January 1958. This was carried out in conjunction with our local team. The main result was that the incidence of positive sputa in the population of Ibadan is between .3 and 1.2.

XII.—LABORATORY SERVICES

Laboratory technicians are very scarce throughout the Region and most medical officers in hospitals do carry out laboratory tests by themselves as time permits.

In Ibadan Division, Laboratory technicians were stationed at hospital laboratories at Akure, Ibadan and Oshogbo. Ibadan town was in a better position than other stations in the Region for laboratory facilities as use was made of the facilities granted by Adeoyo Hospital, which was, before now, under the control of the University College Hospital, with its complement of laboratory specialists. A private practitioner is employed as a Police Surgeon to undertake post-mortem examination on police cases.

In Ikeja Division, facilities for laboratory work existed in only two hospitals—Abeokuta and Ijebu-Ode. Towards the end of the year an acting Laboratory Superintendent was posted to Ikeja Hospital but he resigned his appointment just after three months' service. At the present time, therefore, Epe and Shagamu General Hospitals continued to be served by the Ijebu-Ode General Hospital. Ilaro Hospital is served by the General Hospital, Abeokuta and Ikeja Hospital by the Federal Laboratory Services.

In Benin Division, only at Benin and Warri and at Ossiomo Settlement was it possible to have laboratory technicians posted, due to the general shortage of this grade of officers.

XIII.—PRISONS

These are of two kinds—Government and Local Authority Prisons.

The prisons in the Ibadan Medical Unit are either controlled by the Regional Government or the local government. The prisons controlled by the former are at Ilesha, Owo, Okitipupa and Ado-Ekiti; those controlled by the latter are at Ibadan, Oshogbo, Oyo, and Ife. There is a lock-up at Ondo.

There are five Convict-Prisons in the Ikeja Medical Divisions, situated at Abeokuta, Ijebu-Ode, Ilaro and Badagry. The prison at Shagamu belongs to the Ijebu-Remo Divisional Council while the other four belong to the Federal Government.

In Benin Division, there are three large prisons, one at Benin City, and the other at Warri and Auchi. The Benin prison is the only one graded as Criminal Lunatic Asylum and it also has facilities for the treatment of Convict Lepers. It has an Annexe to accommodate about twenty First offenders and is about 9 miles from Benin. In Benin, prisoners have been given time for healthy recreations and have football matches between themselves. During the year prisoners were provided with “vono” type double-decker iron beds with springs. This has helped in the almost total elimination of bed bugs.

Water supply to the Prisons is usually adequate in amount. Sanitation is by bucket latrine in all cases. Visits are paid regularly to all prisons by medical officers and health staff. The commonest conditions reported are malaria, skin complaints, rheumatism, venereal diseases, tuberculosis and upper respiratory complaints. Food is adequate both in amount and in quality. Weight books are kept and inspected, and it is seldom found that a prisoner does not put on weight.

XIV.—TRAINING OF MEDICAL SERVICE PERSONNEL

MEDICAL STUDENTS

An account of the work and progress of the Medical School of the University College Hospital, Ibadan, will be found in the Annual Report of the Chief Medical Adviser to the Federation. The University College Hospital School of Nursing is recognised as a training school by the Nursing Council for England and Wales.

The Western Region Government continued to award to students of Western Region origin, bursaries and scholarships in medical and allied subjects, tenable at the University College, Ibadan or at Universities or hospitals overseas.

NURSES

Government student nurses are trained for their first six months at the Preliminary Training School, Ibadan. Probationer training is continued in the Provincial Hospitals at Abeokuta, Benin, Warri and Ijebu-Ode and three Mission Hospitals, the Wesley Guild at Ilesha and Seventh Day Adventist at Ife and the American Baptist at Ogbomosh.

MIDWIVES

Nurses Preliminary Training School, Abeokuta

This temporary school completed its task of helping to relieve the congestion at the Ibadan Preliminary Training School in training Grade I Midwives. All the students passed their examination and the hostel now accommodates post-Preliminary Training School Nurses.

HEALTH STAFF

The two Health Superintendents who underwent training in the United Kingdom in health education are now designated Health Propaganda Officers and are the nucleus

of the Health Education Unit which is under the overall supervision of the Principal of the Health Auxiliary Training School. The School is training public health inspectors and sanitary overseers, the latter for the local authority service only.

XV.—MEDICAL WORK OF MISSIONS

The medical activities of the Missions are largely devoted to Hospital, rural dispensary, maternity and child welfare services, based on a hospital from which this work is supervised. In addition the training of medical services personnel is undertaken by some Missions.

ONDO PROVINCE

At Owo there is a combined Roman Catholic and Government Saint Louis Hospital with 114 beds, at Ado-Ekiti the Mission runs a twenty-bed maternity home and there are also ten general beds and an orphanage is also attached to this Unit. Grade II midwives are trained at Owo and Ado-Ekiti.

The Church Missionary Society has a forty-five-bed maternity hospital and a child welfare unit with a resident doctor at Ado-Ekiti. This establishment has its own preliminary training school and is approved for the training of Grade I and II midwives.

The Methodist Mission runs a maternity home at Ikole and this establishment is approved for the training of Grade II midwives.

BENIN PROVINCE

The Roman Catholic Mission has two hospitals in this area. The St Camillus Hospital at Uromi has ninety beds and had two doctors for most of the year. The St Mary's Hospital at Ugwashi-Uku has seventy-two beds. St Camillus Hospital and St Philomina's Maternity Home at Benin (thirty-six beds) are both approved for the training of Grade II midwives. St Mary's Hospital is also approved. Maternity centres at Asaba and Umenede are supervised by a doctor from Uromi.

The Church Missionary Society has three centres in this province. Those at Ekpoma and Sabongidda Ora are supervised by the doctor from the hospital at Ado-Ekiti and the other at Benin by a doctor from Onitsha.

IBADAN PROVINCE

The Roman Catholic Maternity at Oke-Offa is growing rapidly and has been approved for the training of Grade II midwives. The Mission Doctor at Oshogbo undertook the supervision of the Ede School and some local authority units on behalf of the Government. At Otan the maternity centre is the hub for supervising maternity centres and dispensaries in the area.

The American Baptist Mission Hospital at Ogbomosho, which is the headquarters in this Region of this Mission, has seventy-eight beds and is well equipped and staffed. This unit is approved for general nursing training. At Ire there is an Infant Welfare

Centre and this unit is approved for the training of Grade II midwives. At Iwo the Mission has a dispensary. The main leprosy settlement of this Mission is at Ogbomosho with a doctor in charge and he supervises small clan settlements in Ibadan and Oyo Provinces.

The Seventh Day Adventist Mission run a twelve-bed maternity unit in Irisa.

OYO PROVINCE

The American Baptist Mission maintained a thirty-eight bed hospital at Shaki which is well equipped and staffed.

At Ife, the Seventh Day Adventist Mission has a well appointed hospital of 130 beds. This hospital has its own preliminary training school and is approved for the training of Nurses and Grade I Midwives.

The United Missionary Society run a dispensary in the north-eastern part of the Province at Igbetti.

The Wesley Guild Hospital at Ilesha is the medical headquarters of the Methodist Mission in this Region and has 125 beds. Supervision of dispensaries at Esa-Oke, Oshun, Ipetu, Ibokun, Imesi-Ile and Ijeda and a maternity centre at Oyo, are carried out from the hospital at Ilesha. This hospital is approved for general nursing and Grade I Midwives. Only candidates who have already qualified as nurses are accepted for Grade I Midwifery training.

DELTA PROVINCE

The American Baptist Hospital at Eku contains seventy-three beds, and is well staffed and equipped.

The Roman Catholic Mission has two maternity centres one at Obiaruku and the other at Sapele. Both of these are popular and are supervised from Uromi Hospital.

The Church Missionary Society has four maternity centres which are at Abbi, Ole, Umouru and Ughelli. The last is the largest centre and has ten beds.

ABEOKUTA PROVINCE

The Roman Catholic Mission maintains the Sacred Heart Hospital at Abeokuta with 128 beds, and this is a recognised training school for both Grade I and Grade II Midwives. The Mission runs the St Frances Segregation Village for lepers at Abeokuta.

IJEBU PROVINCE

The American Baptist Mission maintains a leper settlement at Ijebu-Igbo.

XVI.—PRIVATE MEDICAL PRACTITIONERS

There are nine private medical practitioners in Ibadan and there is none elsewhere in Ibadan Medical Unit. Their activities are in respect of hospitals, maternity homes, dispensaries and supervision of private maternity houses owned by others in and outside of Ibadan.

In the Ikeja Medical Division, Dr Sofunde of the Ankuri Nursing Home, Agege and Dr K. M. Wood of the Northumbria Nursing Home, Ikorodu Road are the only medical practitioners. Dr Anozie and Dr Johnson closed down their nursing homes at Abeokuta and Ikorodu respectively during the year.

There are five private medical practitioners in Benin Division, one at Irrua, two in Benin, one in Sapele and one in Warri. Each of these practitioners has his own hospital and uses this as a base to visit the several dispensaries and maternity centres in the area. Two practitioners helped at Benin City Hospital in the outpatient department on a part-time basis.

XVII.—METEOROLOGY

Rainfall figures for some stations are given below. The rainfall was generally not too heavy during the year.

RAINFALL FIGURES IN 1958, INCHES PER MONTH, IN STATIONS

<i>Month</i>					<i>Ilaro</i>	<i>Sapele</i>	<i>Badagry</i>	<i>Akure</i>
January	...	...	...	...	0.35	1.00	2.21	0.31
February	...	...	...	...	0.58	1.90	2.97	1.42
March	...	...	...	...	4.56	—	4.33	2.06
April	...	...	...	...	3.28	4.13	8.59	4.24
May	...	...	...	...	4.72	—	16.55	3.15
June	...	...	...	...	7.28	9.29	17.38	10.00
July	...	...	...	...	0.25	2.08	0.09	0.47
August	...	...	...	...	1.74	4.68	3.89	2.35
September	...	...	...	...	11.24	8.00	—	7.26
October	...	...	...	...	6.84	5.41	4.16	5.45
November	...	...	...	...	1.67	5.01	0.50	4.08
December	...	...	...	...	—	0.36	2.70	—
					42.51	41.86	63.37	40.79

Month			Rainfall	No. of days in which rain fell	Mean rainfall in the month for ten years (1948-57)	Total Evapora- tion	Average Daily Evapora- tion
January ...	...	...	0.04	3	0.37	—	0.11
February...	...	...	1.92	4	—	—	0.18
March ...	...	...	2.90	7	3.75	—	0.19
April ...	...	...	1.91	11	6.01	—	0.16
May ...	...	...	6.93	19	5.99	—	0.17
June ...	...	...	9.56	26	6.92	—	0.15
July ...	...	...	0.11	11	5.60	—	0.09
August ...	...	...	1.91	10	2.32	—	0.10
September	...	...	3.02	26	6.96	—	0.14
October ...	...	...	9.22	22	7.67	—	0.15
November	...	...	2.79	11	2.36	—	0.13
December	...	...	—	—	0.24	—	0.13
			40.31	150	54.21	—	1.70

Note.—The figures given above were obtained from the Director of Agricultural Research, Moor Plantation, Ibadan.

XVIII.—DISTINGUISHED VISITORS, 1958

The undermentioned visitors came to the Region during the year:

Professor Davey, Dean of Liverpool School of Tropical Medicine.

Dr C. H. Chu, Chief of the Public Health Administration Section, WHO, Geneva.

Dr J. C. R. Buchanan, Deputy Chief Medical Officer, Colonial Office.

Dr J. H. Middlemiss, Radiologist, Bristol.

Professor Graham, Bull, Queen's University, Belfast.

Dr J. A. Dryden, Chief Medical Officer, Nigerian Railway Corporation.

Professor Gay Prieto, Director of the School of Dermatology and Hereneology, Madrid and WHO representative for Leprosy.

Sir James Robertson, Governor-General, Federation of Nigeria.

Rt Rev. A. W. Howells, Bishop of Lagos.

Lyle Greeman—WHO, Geneva.

TOURING TABLE

<i>No.</i>	<i>Officer</i>	<i>Days on on duty</i>	<i>Number of nights on tour</i>	<i>Total Number of days on visit</i>	<i>Total</i>	<i>Percent- age of night visits</i>
1.	Director of Medical Services	307	1	2	3	3
2.	Deputy Director of Medical Services ...	307	—	—	—	—
3.	Senior Health Officer	307	—	2	2	—
4.	Pharmacy Superintendent	307	24	2	26	7.1
5.	Regional Matron	307	—	—	—	—
6.	Senior Medical Officer (Administration Ibadan)	307	—	13	13	—
7.	Senior Medical Officer, Benin City ...	307	3	27	30	.98
8.	Senior Medical Officer, Ikeja	307	—	—	—	—
9.	The Medical Officer, Abeokuta	307	—	33	33	—
10.	The Medical Officer, Ijebu-Ode	307	—	—	—	—
11.	The Medical Officer, Shagamu	307	—	113	113	—
12.	The Medical Officer, Badagry	307	—	38	38	—
13.	The Medical Officer, Oshogbo	307	—	—	—	—
14.	The Medical Officer, Benin City	307	—	—	—	—
15.	The Medical Officer, Akure	307	—	—	—	—
16.	The Medical Officer, Agbor	307	74	158	232	24.1
17.	The Medical Officer, Sapele	307	—	1	1	2
18.	The Medical Officer, Warri	307	—	—	—	—
19.	The Medical Officer, Forcados	307	36	96	132	11.7
20.	The Medical Officer, Oyo	307	—	62	62	—
21.	The Medical Officer, Auchi	307	2	123	125	.65
22.	Rural Medical Officer, Ibadan	307	—	96	96	—
23.	Rural Medical Officer, Abeokuta	307	—	—	—	—
24.	Rural Medical Officer, Ijebu-Ode	307	—	31	31	—
25.	Rural Medical Officer, Akure	307	—	86	86	—
26.	Rural Medical Officer, Oshogbo	307	—	107	107	—
27.	Rural Medical Officer, Ondo	307	—	68	68	—
28.	Rural Medical Officer, Ughelli	307	—	14	14	—
29.	Rural Medical Officer, Ikeja	307	—	59	59	—
30.	Medical Officer, i/c Rural Health Centre, Ilaro	307	—	97	97	—
31.	Rural Medical Officer, Benin	307	—	—	—	—
32.	The Medical Officer, i/c Rural Health Centre, Auchi	307	—	—	—	—
33.	Medical Officer, i/c Rural Health Centre Ughelli	307	—	—	—	—
34.	The Medical Officer, i/c Rural Health Centre, Epe	307	1	89	90	13
35.	Area Superintendent, Ossiomo	307	79	110	189	25.7
36.	Health Superintendent, Abeokuta	307	—	91	91	—
37.	Health Superintendent, Akure	307	77	159	236	25.1
38.	Health Superintendent, Auchi	307	29	133	162	9.4
39.	Health Superintendent, Benin	307	1	33	34	.3
40.	Health Superintendent, Ijebu-Ode	307	31	155	186	10
41.	Health Superintendent, Ilaro	307	—	66	66	—
42.	Health Superintendent, Oshogbo	307	93	175	268	30.3

TOURING TABLE

No.	Officer	Days on on duty	Number of nights on tour	Total Number of days on visit	Total	Percent- age of night visits
43.	Health Superintendent, Sapele	307	17	251	268	5.5
44.	Health Superintendent, Warri	307	3	17	20	.98
45.	Health Superintendent, Agbor	307	17	179	196	5.5
46.	Health Superintendent, Ibadan	307	6	117	123	1.95
47.	Health Superintendent, Ikeja	307	25	158	183	8.1
48.	Health Superintendent, Oyo	307	—	121	121	—
49.	Health Superintendent, Shagamu	307	—	103	103	—
50.	Health Superintendent, Ondo	307	42	130	172	13.6
51.	Health Superintendent, Ilesha	307	5	58	63	1.6
52.	Dental Surgeon, Ibadan	307	—	—	—	—
53.	Dental Surgeon, Benin City	307	—	14	14	—
54.	Dental Surgeon, Abeokuta	307	—	17	17	—
55.	Dental Surgeon, Warri	307	—	5	5	—
56.	Dental Surgeon, Akure	307	—	2	2	—
57.	Medical Field Unit Superintendent, Benin	307	34	142	176	11.1
58.	Medical Field Unit Superintendent, Ado- Ekiti	307	42	178	220	13.6

Individual average above 10 per cent for night visits on tour were—

The Medical Officer, Agbor	24.1 per cent
The Medical Officer, Forcados	11.7 per cent
The Area Superintendent, Ossiomo	25.7 per cent
Health Superintendent, Akure	25.1 per cent
Health Superintendent, Ijebu-Ode	10.0 per cent
Health Superintendent, Oshogbo	30.3 per cent
Health Superintendent, Ondo	13.6 per cent
Medical Field Unit Superintendent, Benin	11.1 per cent
Medical Field Unit Superintendent, Ado-Ekiti	13.6 per cent

APPENDIX II

WESTERN REGION OF NIGERIA GAZETTE—GOVERNMENT NOTICES, REGULATIONS
RULES, ORDER, ETC., 1ST JANUARY TO 31ST DECEMBER, 1958

W.R.L.N. Serial No.	Short Title	Western Region of Nigeria Gazette Number
13	Control of Pigs Adoptive Bye-laws Order, 1957: Ibarapa District Council ...	3 of 9-1-58
14	Control of Pigs Adoptive Bye-laws Order, 1957: Egbado-Iketu District Council	3 of 9-1-58
30	Regulation of Births and Deaths Adoptive Bye-laws Order, 1956: Odo-Otin District Council	6 of 23-1-58
31	Control of sheep and Goats Adoptive Bye-laws Order, 1958: Egbedore District Council	6 of 23-1-58
43	Registration of Births and Deaths Adoptive Bye-laws Order, 1958: Otta District Council... ..	8 of 6-2-58
44	Control of Pigs Adoptive Bye-laws Order, 1958: Otta District Council ...	8 of 6-2-58
61	Revocation of Declaration of Infectious Diseases	10 of 20-2-58
74	Slaughter Bye-laws, 1958: Egba Ifo District Council	12 of 27-2-58

75	Slaughter Bye-laws, 1958: Ife District Council...	12 of	27-2-58
77	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ikare District Council...	13 of	6-3-58
78	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1957: Irepo District Council...	13 of	6-3-58
91	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Ijero District Council...	14 of	13-3-58
92	Registration of Births and Deaths Adoptive Bye-laws Order, 1957: Etsako District Council...	14 of	13-3-58
94	Bye-laws made under the Dog's Ordinance: Egbado-Ifoyin District Council...	14 of	13-3-58
95	The Slaughter of Animals Adoptive Bye-laws Order, 1958	16 of	20-3-58
96	The Slaughter Bye-laws: Odo Otin District Council	16 of	20-3-58
106	The foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1957: Ogbomosho District Council	16 of	20-3-58
117	The Egbado-Ifonyin District Council: Buildings Bye-laws, 1958	23 of	3-4-58
122	Preparation and Sale of Palm Wine Adoptive Bye-laws Orders, 1958: Ogbomosho District Council	23 of	3-4-58
145	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Iyekuselu District Council	23 of	10-4-58
146	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Egba Owode District Council	26 of	10-4-58
182	Registration of Births and Deaths Adoptive Bye-laws Order 1958: Akoko-Edo District Council, Igara	29 of	1-5-58
209	Registration of Births and Deaths Adoptive Bye-laws Order, 1958: Ogbomosho District Council	31 of	8-5-58
215	Slaughtering Bye-laws, 1957: Ibadan (Provisional) District Council	33 of	15-5-58
226	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Akoko-Edo District Council	35 of	22-5-58
227	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ivbiosakon District Council...	35 of	22-5-58
230	Preparation and Sale of Palm Wine Adoptive Bye-laws Order 1958: Ika District Council	35 of	22-5-58
231	Foodstuffs and Regulated Premises Adoptive Bye-laws Order: 1958...	35 of	22-5-58
252	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order: 1958: Iwo District Council...	37 of	29-5-58
255	The Ibadan (Provisional) District Council (Dog Licence Fee) Order, 1958	37 of	29-5-58
256	Awori District Council (Dog Licence Fee) Order, 1958	37 of	29-5-58
268	Registration of Births and Deaths Adoptive Bye-laws Order, 1958: Egba Obafemi District Council	39 of	5-6-58
270	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ifedore District Council	39 of	5-6-58
282	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ibadan (Provisional) District Council	40 of	12-6-58
286	Control of Pigs Adoptive Bye-laws Order, 1958: Ado District Council	42 of	19-6-58
297	The Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ikosi District Council...	43 of	26-6-58
299	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Central Urhobo District Council	43 of	26-6-58
301	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Irepo District Council	43 of	26-6-58
309	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1957: Errata	46 of	10-7-58

321	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ikole Idapomaron District Council	49 of	31-7-58
332	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Ipokia District Council	50 of	7-8-58
333	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Warri Urban District Council	50 of	7-8-58
340	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Benin City Council	52 of	21-8-58
356	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ondo Southern District Council	52 of	21-8-58
357	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Okeho/Iganna District Council	53 of	28-8-58
358	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Okeho/Iganna District Council	53 of	28-8-58
364	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ede District Council	54 of	4-9-58
373	Control of Sheep' and Goats Adoptive Bye-laws Order, 1958: The Egbado-Ketu District Council	55 of	11-9-61
374	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Okeho/Iganna District Council	55 of	11-9-58
386	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Ndosimili District Council	57 of	25-9-58
387	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ndosimili District Council	57 of	25-9-58
388	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Oshogbo District Council	57 of	25-9-58
394	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ikale Idapomaron District Council	58 of	2-10-58
395	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Warri Urban District Council	58 of	2-10-58
396	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Oshogbo District Council	58 of	2-10-58
405	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Ndosimili District Council	59 of	9-10-58
411	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ndosimili District Council	60 of	16-10-58
412	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ondo Southern District Council	60 of	16-10-58
413	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Ibeju District Council	60 of	16-10-58
414	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ikare District Council	60 of	16-10-58
422	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Ikirun District Council	61 of	23-10-58
427	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Iyekuselu District Council	62 of	30-10-58
432	Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Uromi Uzea District Council	63 of	6-11-58
433	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Uromi Uzea District Council	63 of	6-11-58
434	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ijebu-Remo Divisional Council	63 of	6-11-58

436	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Uromi Uzea District Council	65 of 13-11-58
438	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Uromi-Uzea District Council	65 of 13-11-58
447	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Akure District Council	66 of 20-11-58
455	The Registration of Births and Deaths Adoptive Bye-laws Order, 1956: Asaba Urban District Council	66 of 20-11-58
459	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Western Ijaw Divisional Council	67 of 27-11-58
461	The Control of Sheep and Goats Adoptive Bye-laws Order, 1956: Western Ijaw Divisional Council	67 of 27-11-58
463	Rabies Bye-laws, 1958: Owo District Council	67 of 27-11-58
464	Rabies Declaration and Prohibition Order, 1957 (Owo Town)	67 of 27-11-58
468	Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Mushin District Council	68 of 4-12-58
470	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ijebu Southern District Council	69 of 11-12-58
471	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Ijebu Northern District Council	69 of 11-12-58
475	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Ilaje District Council	69 of 11-12-58
477	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1957: Mushin District Council	69 of 11-12-58
478	The Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Ile-Oluji/Okeigbo District Council	69 of 11-12-58
489	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ilaje District Council	69 of 11-12-58
490	The Registration of Births and Deaths Adoptive Bye-laws Order, 1958: Ile-Oluji/Okeigbo District Council	69 of 11-12-58
491	The Foodstuffs and Regulated Premises Adoptive Bye-laws Order, 1958: Ile-Oluji/Okeigbo District Council	69 of 11-12-58
492	The Slaughtering of Animals Adoptive Bye-laws Order, 1958: Ile-Oluji/Okeigbo District Council	69 of 11-12-58
493	The Registration of Births and Deaths Adoptive Bye-laws Order, 1958: Ikole District Council	69 of 11-12-58
501	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Aiyedade District Council	70 of 18-12-58
509	Preparation and Sale of Palm Wine Adoptive Bye-laws Order, 1958: Irepo District Council	71 of 25-12-58

DISEASES AND DEATHS OF ALL RACES

1ST JANUARY TO 31ST DECEMBER, 1958

APPENDIX III

Code No.	Cause Group	Outpatient		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A1 ...	Tuberculosis of Respiratory System ...	1,203	853	294	191	29	22
A2 ...	Tuberculosis of Meninges and Central Nervous System ...	13	17	4	2	—	—
A3 ...	Tuberculosis of Intestines, Peritoneum and Mesenteric glands	54	39	18	8	2	—
A4 ...	Tuberculosis of bones and joints	33	17	10	3	—	2
A5 ...	Tuberculosis, all other forms ...	361	214	56	35	1	2
A6 ...	Congenital Syphilis ...	69	15	—	1	—	—
A7 ...	Early Syphilis (Primary and Secondary) ...	18	14	2	—	—	—
A8 ...	Tabes Dorsalis ...	—	—	—	—	—	—
A9 ...	General Paralysis of the Insane ...	—	—	1	2	1	—
A10 ...	All other Syphilis ...	41	30	2	1	—	—
A11 ...	Gonococcal Infections ...	5,710	1,442	81	37	2	—
A12 ...	Typoid Fever ...	1	1	9	3	—	—
A13 ...	Paratyphoid and other Salmonella Infections ...	—	—	—	—	—	—
A14 ...	Cholera ...	—	—	5	4	1	—
A15 ...	Brucellosis (Undulant Fever) ...	—	—	—	—	—	—
A16 (a) ...	Bacillary Dysentery ...	1,687	1,510	116	141	5	13
A16 (b) ...	Amoebiasis ...	1,498	1,297	78	42	6	1
A16 (c) ...	Other unspecified forms of Dysentery ...	5,219	3,580	184	191	16	16
A17 ...	Scarlet Fever ...	—	—	9	17	—	—
A18 ...	Streptococcal Sore Throat ...	1,292	793	13	5	—	—
A19 ...	Erysipelas ...	—	—	3	—	—	—
A20 ...	Septicaemia and Pyaemia ...	148	90	8	8	—	—
A21 ...	Diphtheria ...	—	—	2	1	—	—
A22 ...	Whooping Cough ...	2,963	2,154	61	78	1	2
A23 ...	Meningococcal Infections ...	90	71	18	9	1	3
A24 ...	Plague ...	1	—	—	—	—	—
A25 ...	Leprosy ...	323	171	4	—	—	—
A26 ...	Tetanus ...	263	155	196	122	65	26
A27 ...	Anthrax ...	—	—	—	1	—	1
A28 ...	Acute Poliomyelitis ...	15	10	3	2	1	1
A29 ...	Acute Infectious Encephalitis ...	7	2	4	2	1	—
A30 ...	Late effect of Acute Poliomyelitis and Acute infectious Encephalitis ...	44	30	—	—	—	—
A31 ...	Smallpox ...	22	9	2	1	—	—
A32 ...	Measles ...	3,241	2,664	142	204	7	14
A33 ...	Yellow Fever ...	8	2	—	1	—	—
A34 ...	Infectious Hepatitis ...	252	121	21	9	—	—
A35 ...	Rabies ...	86	51	5	1	—	—
A36 (a) ...	Louse-borne Epidemic Typhus ...	1	—	—	—	—	—
A36 (b) ...	Flea-borne Epidemic Typhus (Murine) ...	—	—	—	—	—	—

Code No.	Cause Group	Out-patients		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A36 (c)	... Tick-borne Epidemic Typhus ...	—	—	—	—	—	—
A36 (d)	... Mite-borne Typhus ...	—	—	—	—	—	—
A36 (e)	... Others and unspecified Typhus ...	—	—	—	—	—	—
A37 (a)	... Vivax Malaria (benign tertian) ...	3,096	1,754	106	81	—	1
A37 (b)	... Malariae Malaria (quartan) ...	1,789	1,421	130	108	1	1
A37 (c)	... Falciparum Malaria (malignant tertian) ...	7,429	3,325	148	86	1	—
A37 (d)	... Blackwater Fever... ...	—	—	3	3	1	1
A37 (e)	... Other and unspecified forms of Malaria ...	20,841	12,438	706	745	17	10
A38 (a)	... Schistosomiasis Vesical (S. haematobium) ...	643	270	21	8	1	—
A38 (b)	... Schistosomiasis Intestinal (S. Mansoni) ...	1	1	3	—	—	—
A38 (c)	... Other and unspecified Schistosomiasis ...	621	306	3	3	—	—
A39 ...	... Hydatid Disease ...	—	—	3	5	1	—
A40 (a)	... Onchocerciasis ...	20	5	—	—	—	—
A40 (b)	... Loiasis ...	208	135	1	—	—	—
A40 (c)	... Filariasis (bandcrofti) ...	862	573	48	33	—	—
A40 (d)	... Other Filariasis ...	1,114	612	4	1	—	1
A41 ...	... Ankylostomiasis ...	69	84	4	2	—	—
A42 (a)	... Tapeworm (infestation) and other cestode infestations ...	124	92	14	11	—	—
A42 (b)	... Ascariasis ...	7,508	5,841	53	43	—	—
A42 (c)	... Guinea Worm (dracunculosis) ...	638	364	76	29	—	—
A42 (d)	... Other Diseases due to Helminths ...	2,722	1,949	27	12	—	1
A43 (a)	... Lymphogranuloma Venereum ...	91	41	10	3	1	—
A43 (b)	... Granuloma Inguinale, Venereal ...	104	36	17	—	1	—
A43 (c)	... Other and unspecified Venereal Diseases ...	155	39	4	2	—	—
A43 (d)	... Food poisoning infection and intoxication ...	38	17	18	11	1	2
A43 (e)	... Relapsing Fever ...	6	4	3	—	—	—
A43 (f)	... Leptospirosis Icterchaemorrhagica (Weil's Diseases) ...	21	9	3	—	—	2
A43 (g)	... Yaws ...	6,149	3,566	9	5	—	—
A43 (h)	... Chickenpox ...	170	95	119	66	—	1
A43 (i)	... Dengue ...	7	—	4	1	—	—
A43 (j)	... Trachoma ...	26	11	11	7	—	—
A43 (k)	... Sandfly Fever ...	69	33	2	—	—	—
A43 (l)	... Leishmaniasis ...	21	14	1	1	—	—
A43 (m)	... Trypanosomiasis ...	11	8	2	—	—	—
A43 (n)	... Dermatophytosis ...	2,874	2,356	4	5	—	—
A43 (o)	... Scabies ...	13,919	8,911	8	4	—	—
A43 (p)	... All other Disease classified as Infective and Parasitic ...	761	700	14	6	1	—
A44 ...	... Malignant neoplasm of buccal cavity and pharynx ...	11	5	7	2	1	—
A45 ...	... Malignant neoplasm of oesophagus ...	6	7	—	4	—	—
A46 ...	... Malignant neoplasm of stomach... ..	695	404	6	4	—	—

Code No.	Case Group	Outpatients		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A47 ...	Malignant neoplasm of intestine except Rectum ...	1	5	2	3	—	1
A48 ...	Malignant neoplasm of rectum ...	89	39	19	5	1	—
A49 ...	Malignant neoplasm of larynx ...	35	14	3	4	—	1
A50 ...	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ...	—	—	—	—	—	—
A51 ...	Malignant neoplasm of breast ...	—	44	—	26	—	—
A52 ...	Malignant neoplasm of cervix uteri ...	—	5	—	21	—	1
A53 ...	Malignant neoplasm of other and unspecified parts of uterus ...	—	286	1	239	—	1
A54 ...	Malignant neoplasm of prostate ...	1	—	2	—	—	—
A55 ...	Malignant neoplasm of skin ...	529	246	10	12	—	—
A56 ...	Malignant neoplasm of bone and connective tissue ...	6	2	—	3	—	—
A57 ...	Malignant neoplasm of all other and unspecified sites ...	24	21	18	13	1	1
A58 ...	Leukaemia and Aleukaemia ...	21	10	2	—	—	—
A59 ...	Lymphosarcoma and other neoplasms of the haematopoietic system ...	1	5	4	1	—	—
A60 ...	Benign neoplasms and neoplasms of unspecified nature ...	167	110	24	45	—	—
A61 ...	Nontoxic Goitre ...	4	14	—	6	—	—
A62 ...	Thyrotoxicosis with or without Goitre ...	6	9	—	1	—	—
A63 ...	Diabetes Mellitus ...	90	13	45	17	1	—
A64 (a) ...	Beriberi ...	13	1	—	—	—	—
A64 (b) ...	Pellagra ...	62	42	—	—	—	—
A64 (c) ...	Scurvy ...	56	28	—	—	—	—
A64 (d) ...	Rickets ...	11	12	—	1	—	1
A64 (e) ...	Kwashiorkor ...	375	341	77	57	7	4
A64 (f) ...	Other vitamin deficiency states ...	6,822	4,263	115	139	7	9
A64 (g) ...	Malnutrition, unqualified over one year of age ...	2,253	2,096	134	187	11	21
A65 (a) ...	Peniculous and other hyperchomic anaemias ...	71	210	66	12	—	3
A65 (b) ...	Iron deficiency anaemias (hypochromic) ...	3,230	3,382	78	135	4	6
A65 (c) ...	Other specified and unspecified anaemias ...	3,862	3,285	198	315	19	25
A66 (a) ...	Asthma ...	623	309	103	62	1	1
A66 (b) ...	All other allergic disorders endocrine metabolic and blood disease ...	828	562	31	43	2	5
A67 ...	Psychoses ...	47	32	10	7	—	—
A68 ...	Psychoneuroses and disorders of personality ...	566	350	21	11	2	—
A69 ...	Mental Deficiency ...	29	16	20	23	—	3
A70 ...	Vascular lesions affecting central nervous system ...	86	70	23	10	1	—

Code No.	Cause Group	Out patients		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A71 ...	Nonmeningococcal meningitis ...	—	—	2	7	—	—
A72 ...	Multiple sclerosis ...	—	1	—	2	—	—
A73 ...	Epilepsy ...	304	209	73	31	1	1
A74 ...	Inflammatory diseases of eye ...	5,552	3,635	72	34	—	—
A75 ...	Cataract ...	272	34	24	8	1	—
A76 ...	Glaucoma ...	2	3	11	2	—	—
A77 (a) ...	Otitis externa ...	709	561	8	38	—	—
A77 (b) ...	Otitis media and mastoiditis ...	6,398	4,409	18	6	—	—
A77 (c) ...	Other Inflammatory diseases of ear ...	1,262	848	17	11	—	—
A78 (a) ...	All other diseases and conditions of eye ...	4,684	2,310	102	78	2	—
A78 (b) ...	All other disease of the nervous system and sense organs ...	2,710	1,613	72	68	5	2
A79 ...	Rheumatic Fever ...	1,250	1,049	19	17	—	—
A80 ...	Chronic rheumatic heart disease...	971	621	12	1	—	—
A81 ...	Ateriosclerotic an degenerative heart disease ...	11	6	3	5	1	1
A82 ...	Other disease of heart ...	247	90	149	85	24	16
A83 ...	Hypertension with heart disease...	37	15	19	22	5	—
A84 ...	Hypertension with mention of heart ...	21	16	13	12	5	—
A85 ...	Disease of ateries ...	60	56	6	—	—	—
A86 ...	Other diseases of circulatory system ...	2,063	1,408	65	47	1	4
A87 ...	Acute upper Respiratory infections	31,111	2,384	14	32	—	2
A88 ...	Influenza ...	141	155	2	9	—	—
A89 ...	Lobar Pneumonia ...	622	412	213	130	14	7
A90 ...	Bronchpneumonia ...	789	723	370	424	51	64
A91 ...	Primary atypical, other and un-specified pneumonia ...	449	305	194	196	13	14
A92 ...	Acute Bronchitis ...	7,587	4,923	147	132	5	4
A93 ...	Bronchitis, chronic and unquali-fied ...	9,448	6,110	221	199	7	2
A94 ...	Hypertrophy of tonsilis and ada-noids ...	394	910	18	9	—	—
A95 ...	Empyema and abscess of lung ...	480	291	45	41	1	1
A96 ...	Pleurisy ...	410	261	40	36	1	1
A97 (a) ...	Pneumoconiosis ...	8	—	—	—	—	—
A97 (b) ...	All other respiratory diseases ...	2,401	1,430	32	20	1	—
A98 (a) ...	Dental Caries ...	2,327	1,629	6	5	—	—
A98 (b) ...	Paradontal disease ...	344	320	3	3	—	—
A98 (c) ...	All other diseases of teeth and supporting structures ...	1,705	1,338	50	57	1	—
A99 ...	Ulcer of stomach ...	605	430	44	34	1	—
A100 ...	Ulcer of duodenum ...	112	65	23	8	2	—
A101... ..	Gastritis and duodenitis ...	5,006	3,188	128	75	6	1
A102... ..	Appendicitis ...	20	15	26	18	—	3
A103... ..	Intestinal obstruction and hernia	972	66	1,100	73	47	4
A104 (a) ...	Gastro-enteritis and colitis between four weeks and two years	4,234	1,892	154	139	17	14

Code No.	Case Group	Outpatients		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A104 (b)	... Gastro-enteritis and colitis, ages two years and over ...	6,699	4,863	231	212	13	9
104 (c)	... Chronic enteritis and ulcerative colitis ...	354	370	20	11	1	—
A105...	... Cirrhosis of liver ...	83	62	50	33	12	3
A106...	... Choletithiasis and cholecystitis ...	25	18	5	6	—	—
A107...	... Other diseases of digestive system	14,461	11,189	302	283	12	7
A108...	... Acute nephritis ...	204	67	50	46	4	3
A109...	... Chronic, other and unspecified nephritis ...	434	253	43	49	5	6
A110...	... Infections of kidney ...	176	143	10	22	2	2
A111...	... Calculi of urinary system...	202	55	34	10	—	—
A112...	... Hyperplasia of Prostate ...	8	—	6	—	—	—
A113...	... Diseases of breast ...	61	856	6	62	—	—
A114 (a)	... Hydrocele ...	447	—	122	7	—	1
A114 (b)	... Disorders of Menstruation ...	—	5,157	—	409	—	1
A114 (c)	... All other diseases of the genito-urinary system ...	973	2,087	188	394	1	2
A115...	... Spsis of pregnancy, child-birth and the puerperium ...	—	7	—	59	—	6
A116...	... Toxaemias of pregnancy and the puerperium ...	—	234	—	191	—	8
A117...	... Haemorrhage of pregnancy and child-birth ...	—	51	—	125	—	11
A118...	... Abortion without mention of sepsis or toxaemia ...	—	756	—	866	—	3
A119...	... Abortion with sepsis ...	—	64	—	127	—	2
A120 (a)	... Other complications of pregnancy, child-birth and puerperium ...	—	1,623	—	1,254	—	55
A120 (b)	... Delivery without complications ...	—	111	—	6,166	—	4
A121...	... Infections of skin and subcutaneous tissue ...	17,099	11,238	424	224	6	3
A122...	... Arthritis and spondylitis ...	2,051	1,364	91	41	1	1
A123...	... Muscular rheumatism and rheumatism unspecified ...	18,672	10,382	302	182	1	2
A124...	... Osteomyelitis and periostitis ...	180	111	49	38	2	1
A125...	... Ankylosis and acquired musculoskeletal deformities ...	23	14	13	12	—	—
A126 (a)	... Chronic ulcer of skin (including tropical ulcer) ...	26,492	14,889	296	187	—	—
A126 (b)	... All other diseases of skin ...	10,362	6,467	87	60	1	3
A126 (c)	... All other diseases of musculoskeletal system ...	1,615	892	106	58	3	—
A127...	... Spina bifida and meningocele ...	—	—	4	1	1	—
A128...	... Congenital malformations of circulatory system ...	1	—	2	—	—	—
A129...	... All other congenital malformations	71	41	12	7	—	—
A130...	... Birth Injuries ...	3	5	—	46	—	—
A131...	... Postnatal asphyxia and atelectasis	—	1	2	5	—	8
A132 (a)	... Diarrhoea of newborn (under four weeks) ...	2,440	1,876	97	120	12	15

Code No.	Case Group	Outpatients		Admission		Deaths	
		Male	Female	Male	Female	Male	Female
A132(b)	... Ophthalmia neonatorum ...	97	125	9	12	—	2
A132 (c)	... Other infection of newborn ...	290	245	11	12	1	2
A133...	... Haemolytic disease of newborn ...	—	—	1	2	—	—
A134 (a)	... Nutritional maladjustment under four years of age ...	473	559	60	50	3	2
A134 (b)	... All other defined disease of early infancy ...	707	677	25	56	2	17
A135...	... Ill-defined diseases peculiar to early infancy and immaturity unqualified ...	96	68	8	10	—	2
A136...	... Senility without mention of psychosis ...	18	76	6	7	—	1
A137 (a)	... Pyrexia of unknown origin ...	4,570	2,085	190	115	7	5
A137 (b)	... Observation without need for further medical care ...	583	449	16	37	—	—
A137 (c)	... All other ill-defined causes of morbidity ...	4,252	2,278	47	48	2	2
A137 (d)	... Prophylactic inoculation and vaccination ...	2,797	1,697	—	1	—	—
A137 (e)	... Ante-natal examination and care	—	16,004	—	3,223	—	—
A137 (f)	... All other medical and special examinations without sickness	4,912	1,968	1	5	1	—
AE138	... Motor Vehicle Accidents...	797	371	281	98	18	10
AE139	... Other Transport Accidents ...	511	292	46	19	7	1
AE140	... Accidental poisoning ...	3	4	50	29	3	2
AE141	... Accident Falls ...	1,777	1,007	154	61	6	—
AE142	... Accidents caused by Machinery...	26	3	22	2	—	—
AE143	... Accident caused by Fire and explosion of combustible materials ...	91	68	19	11	2	—
AE144	... Accident caused by Hot Substance Corrosive liquid steam and Radiation ...	211	197	16	8	—	—
AE145	... Accident caused by Fire arms ...	18	4	54	13	3	—
AE146	... Accidental Drowning and Submersion ...	4	—	1	2	—	—
AE147 (a)	... Foreign body entering eye and adnexa ...	146	87	2	—	1	—
AE147 (b)	... Foreign body entering other orifice ...	88	93	11	12	—	—
AE147 (c)	... Accidents caused by bites and stings of venomous animals and insects ...	1,096	714	78	52	—	1
AE147 (d)	... Other accidents caused by animals	255	234	3	2	—	—
AE147 (e)	... All other accidental causes ...	1,679	868	106	81	—	—
AE148	... Suicide and self-inflicted injury...	2	—	15	3	3	—
AE149	... Homicide and Injury purposely inflicted by other persons (not in war) ...	2,231	1,517	108	46	1	1
AE150	... Injury resulting from operations of war ...	—	—	—	—	—	—

<i>Code No.</i>					<i>Outpatient</i>		<i>Admission</i>		<i>Deaths</i>	
<i>Cause Group</i>					<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Male</i>	<i>Male</i>	<i>Female</i>
AN138	...	Fracture of skull	...	...	7	2	14	2	11	1
AN139	...	Fracture of Spine and Trunk	...	...	16	11	28	11	1	—
AN140	...	Fracture of Limbs	...	...	694	316	580	242	6	1
AN141	...	Dislocation without fracture	...	...	347	230	55	31	—	1
AN142	...	Sprains and strains of Joints	...	...	3,970	1,495	145	40	—	—
AN143	...	Head Injury (excluding Fractures)	...	...	89	41	41	26	1	3
AN144	...	Internal Injury of Chest, Abdomen and Pelvis...	...	...	851	317	83	23	4	2
AN145	...	Laceration and Open Wounds	...	...	9,952	4,649	443	163	6	2
AN146	...	Superficial injury, Contusion and Crushin with Intact Skin Surface	...	...	2,585	1,463	362	153	1	—
AN147	...	Effects of Foreign Body entering through Orifice	...	...	85	33	5	6	—	—
AN148	...	Burns	...	...	1,535	1,426	130	104	6	12
AN149	...	Effects of Poisons	...	...	8	4	5	11	1	—
AN150	...	All other and unspecified effects of external cause	...	...	1,841	1,298	105	101	1	3
TOTAL					337,954	238,559	13,349	22,173	581	578

